

**Office Use Only****Application Number:** \_\_\_\_\_**New Number Allocated:** \_\_\_\_\_**Number Request***(please tick appropriate box)* New Number Confirmation of Number**Location of Property**

Road Name: .....

Locality:.....

Valuation Number:.....

Legal Description: .....

Area (*approx*):.....

Other Details:.....

**Location of Entrance**In relation to neighboring entrances, start of road etc **and** in relation to property boundary. (*eg. near western end of boundary approx. 300m from number 70*)**Enquirers Details**

Name: .....

Address:.....

..... Phone Number: .....

**Received by:** ..... **Date:** .....Please return Completed Form to [council@kaipara.govt.nz](mailto:council@kaipara.govt.nz) or post it to:Kaipara District Council  
Roothing Team  
Private Bag 1001  
**Dargaville 0340****Attention:** Customer Services