

# Municipal Numbering

Receipt Number:	<b>Office Use Only</b>
File Number MN-	
Map Number:	
Date Submitted (yyyy-mm-dd):	

## Applicant Information

First Name		Last Name		Company Name (if applicable)	
Street Number	Street Name			Suite/Unit Number	
City			Province		Postal Code
Telephone Number		Mobile Number		Email	

## Property Information

Street Number(s)	Street Name				
	Former Municipality <input type="checkbox"/> East York <input type="checkbox"/> Etobicoke <input type="checkbox"/> North York <input type="checkbox"/> Scarborough <input type="checkbox"/> Toronto <input type="checkbox"/> York				

## Registered Property Owner (Same as above: Yes No – Complete the following)

First Name		Last Name		Company Name (if applicable)	
Street Number	Street Name			Suite/Unit Number	
City			Province		Postal Code
Telephone Number		Mobile Number		Email	

## Description of Activity (check all that apply)

<input type="checkbox"/> Committee of Adjustment decision or OMB order dated
<input type="checkbox"/> Part Lot Control exemption application
<input type="checkbox"/> New Subdivision
<input type="checkbox"/> Condominium with or without freehold parcels
<input type="checkbox"/> Addressing of whole lots
<input type="checkbox"/> Amalgamation of properties for new commercial or residential development
<input type="checkbox"/> Property currently unaddressed
<input type="checkbox"/> Proposed new main entrance facing another street
<input type="checkbox"/> Address change request (described)

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### Supporting Documents provided (check all that apply)

<input type="checkbox"/> Draft Reference Plan	<input type="checkbox"/> Deposited Reference Plan	<input type="checkbox"/> Draft Plan of Subdivision
<input type="checkbox"/> Plan of Subdivision	<input type="checkbox"/> Plan of Survey	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Ground Floor Plan	<input type="checkbox"/> Other	

**I do hereby declare the following:**

- That I am  the owner of the property as indicated above  
 the authorized agent of the owner of the property  
 an officer / employee of \_\_\_\_\_ who is an authorized agent of the owner of the property.
- That the information included in this application and in the documents filed with this application are correct to the best of my knowledge.

**(The city reserves the right to verify the information provided)**

Signature	Date (yyyy-mm-dd)
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Office Use Only		
Fee: \$	<input type="checkbox"/> Cheque	HST/GST REGISTRATION NUMBER: 86740 2299 RT0001
HST: \$	<input type="checkbox"/> MasterCard/ VISA/ American Express	
Total: \$	<b>Make cheques payable to:</b> Treasurer, City of Toronto	

Completed form may be e-mailed to [municipaladdress@toronto.ca](mailto:municipaladdress@toronto.ca) or faxed to 416-392-0081. However, sending personal information by fax or by e-mail is not a secure means of transmission. It is recommended you complete and return the form by regular mail addressed to:

**Engineering & Construction Services**  
**Engineering Support Services**  
**Land & Property Surveys**  
**18 Dyas Road, 4<sup>th</sup> Floor**  
**Toronto ON M3B 1V5.**

Notice of Collection

The personal information on this form is collected under the legal authority of the **City of Toronto Act, 2006**, Chapter 11, Schedule A, s. 136 (c) and the City of Toronto Municipal Code, Chapter 598, ss. 598-3 and 598-4. The information is used to administer the assignment/reassignment of municipal addresses. Questions about this collection can be directed to the Supervisor, Land and Property Surveys at the 4<sup>th</sup> Floor, 18 Dyas Road, Toronto, ON M3B 1V5 or by telephone at 416-392-8338.