

Department of Public Services

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GRAYS HARBOR COUNTY

STATE OF WASHINGTON

ADDRESS REQUEST FORM

\$81 Fee

Date Requested: _____

Parcel Number _____ Permit # _____

Name _____ Phone Number _____

Mailing Address _____

City/State/Zip _____

Location/road name _____

OFFICIAL USE ONLY

Date Address Assigned _____

Address Assigned _____

Letter sent

Computer Input

Map Labeled

Notes _____

