

CITY OF FORT BRAGG
COMMUNITY DEVELOPMENT DEPARTMENT
416 North Franklin Street
Fort Bragg, CA 95437
Tel: (707) 961-2823 Fax: (707) 961-2802
<http://ci.fort-bragg.ca.us>



| |
|-------------------|
| Date Filed _____ |
| Fee _____ |
| Receipt No. _____ |
| Received by _____ |

ADDRESS LISTING REQUEST FORM

Please complete this application thoroughly and accurately. Add any attachments as applicable. The 2022/2023 fee is \$50.00

APPLICANT

Name: Redwood Quality Management Co.
Mailing
Address: 516 Cypress Street
City: Fort Bragg State: CA Zip Code: 95437 Phone: 707-472-0350
Email: Alicia Logan <logana@anchorhm.org>

PROPERTY OWNER

Name: Mendocino Coast Health Care District
Mailing
Address: 775 River Drive
City: Fort Bragg State: CA Zip Code: 97437 Phone: 443-569-9756

CURRENT STREET ADDRESS IF ANY 516 Cypress Street
ASSESSOR'S PARCEL NUMBER(S) 0183200800

TOTAL NUMBER OF ADDRESSES BEING REQUESTED 2

Please use the following space to provide details or make specific requests pertaining to this address request. : **2 medical billing entities at the same address. Need separate addresses: Suite A and Suite B for separate NPI numbers.**

Pursuant to the Fort Bragg Municipal Code 12.12 Street Naming and Address Assigning, the property owner must:

Within sixty days of the effective date of notice of number assigned or reassigned, the occupant(s) or owner(s) of the building shall cause the number to be displayed upon the building or land in such a manner as to be visible from the street or road which the land or building fronts, and shall remove or obscure from public view any old or previous number not in accordance with the system.

Chair, Mendocino Coast Health Care District

Date