



9-1-1 Physical Address Request Form

Date: _____

What Do You Need?

New address: Verification of existing address: Change existing address:

Contact Information

Name	
Contact Phone	
Mailing Address	
Email Address	

Property Information

Property Owner	
Appraisal District Property ID	
County	
Is this located inside city limits, in an unincorporated town, or in the county?	
Subdivision Name	
Does the property have its own driveway?	
What direction and how far is the nearest intersection?	
Measurement (in feet) from center of driveway to your nearest established property line?	
Nearest neighbor's address?	
Coordinates (Lat/Long) of driveway	
Coordinates (Lat/Long) of structure	

Property Type: Residence Business Farm Structure Utilities Only

For Office Use Only

Address Assigned/Verified

Address	
City (if applicable), County	
Notes	

Approved by: _____ Date: _____