

# ROCKWALL COUNTY 9-1-1 ADDRESS REQUEST

Information gathered is used to help emergency service personnel respond to 9-1-1 calls. This form must be completed for all structures in the unincorporated areas of Rockwall County. Please note that the naming of roads or assignment/reassignment of an address is a ministerial act. Rockwall County, its employees or agents, do not warrant or assure that any road or easement is public or private nor what parties or landowners have a right to use the easement.

DATE OF REQUEST: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

EMAIL ADDRESS OR FAX FOR NOTIFICATION: \_\_\_\_\_

**(After receiving notifications of address, please post it on your home, mailbox, and/or gate, using 4" reflective numbers to aid in emergency response.)**

## 1. NATURE OF REQUEST

New construction of residential or commercial property

New driveway on existing **(\*Addresses are determined by the location of your driveway changes you must contact this office to determine if a new address may be required.)**

Other: \_\_\_\_\_

## 2. PROPERTY INFORMATION

Physical location with road name if known: \_\_\_\_\_

Subdivision \_\_\_\_\_

Phase: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_ Acres: \_\_\_\_\_ Survey: \_\_\_\_\_

Neighbor's name, address, and direction if known: \_\_\_\_\_

Property will be marked by: \_\_\_\_\_

## 3. DESCRIPTION OF STRUCTURE Please provide a description of the structure, if any, for which the address is being requested:

<b>TYPE</b>	<b>EXTERIOR</b>	<b>COLOR/TRIM</b>
<input type="checkbox"/> Mfg Home sw dw	<input type="checkbox"/> Brick	_____
<input type="checkbox"/> Frame Home	<input type="checkbox"/> Wood	<b>NUMBER OF STORIES</b> 1 2 3
<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Siding	<b>LOCKED / SECURED GATE</b> Y N
<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Barn	<input type="checkbox"/> Distinguishing features _____	_____
<input type="checkbox"/> Expected Date of Construction _____		_____

**(\*Please notify this office upon completion of the structure)**

SEPTIC  N/A  Existing  New **(\*For NEW you must contact Environmental Health Department for permitting)**

-----OFFICE USE ONLY-----

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Issued by \_\_\_\_\_ thru- fieldwork: measure gps in-office: plats/lists gis/maps

ESN \_\_\_\_\_ MSAG Comm \_\_\_\_\_ MSAG/rd segment verified? \_\_\_\_\_ Exchange: \_\_\_\_\_ Notified PPAD? \_\_\_\_\_

Date put into gis \_\_\_\_\_ Date and who notified \_\_\_\_\_ By: phone email fax mail