



## 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 Notifications: \_\_\_\_\_

**(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, so if the driveway location changes you must contact this office to determine if a new address is required.);**
- Other: \_\_\_\_\_

### 2. PROPERTY INFORMATION

\*Property ID# (obtained from CAD property search): \_\_\_\_\_

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 Verified? \_\_\_\_\_ Exchange: \_\_\_\_\_ Notified PPAD? \_\_\_\_\_

Date into GIS: \_\_\_\_\_ Date and Who Notified: \_\_\_\_\_ By: Phone Email Fax Mail