

SAN JACINTO COUNTY \*\*9-1-1 ADDRESSING & PERMIT OFFICE

9-1-1 ADDRESSING REQUEST FORM

Office: 936 653-3823 / Fax: 936 653-5290

(Form must be complete to process)

DATE: \_\_\_\_\_ Name of Person completing Form: \_\_\_\_\_  
Name 9-1-1 Address is for: \_\_\_\_\_ (Home) Tele:#: \_\_\_\_\_  
Tele. # to reach you: \_\_\_\_\_

(Current) Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please fill out all information in this section that applies to you.*

Is this for a new address or for verification of an existing address? New: \_\_\_\_\_ VER: \_\_\_\_\_  
Are you renting? \_\_\_\_\_ Y. \_\_\_\_\_ N Name / Tele. Of Landlord: \_\_\_\_\_  
• PROPERTY ID #: R \_\_\_\_\_ Current Property Owner: \_\_\_\_\_  
• Previous Prop owner: \_\_\_\_\_  
• Road/Street property located on: \_\_\_\_\_ (for 911 address)  
• Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_  
• If more than one Lot: \_\_\_\_\_ (Lot #) for location of Driveway  
• Nearest Intersection to your site: \_\_\_\_\_  
• Which side of the road is the property located \_\_\_\_\_ L \_\_\_\_\_ R (Turning Into your driveway)

(Standing in the street facing your house or property, answer the following):  
• Name & Address of nearest neighbor(s): \_\_\_\_\_ (on same street)

(Still facing your property) Is neighbor to the left or right of you?: \_\_\_\_\_ L \_\_\_\_\_ R  
• Do you get to their location before or after your site? \_\_\_\_\_ Before \_\_\_\_\_ After

What is the distance from your driveway to nearest neighbor's driveway \_\_\_\_\_ ( \_\_\_\_\_ Feet \_\_\_\_\_ Miles,  
• Description of residence: \_\_\_\_\_ Raw Land \_\_\_\_\_ House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Travel Trailer (check one)

Additional Information - (directions to locations)  
\_\_\_\_\_  
\_\_\_\_\_

misc. notes-  
\_\_\_\_\_  
\_\_\_\_\_  
Energy Account # \_\_\_\_\_  
Do not write below this line.

Date received: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Address Assigned: \_\_\_\_\_ BY: \_\_\_\_\_ Date: \_\_\_\_\_  
PCT: \_\_\_\_\_ Flood Plain: Y \_\_\_\_\_ N \_\_\_\_\_ Panel # \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Permit completed by: \_\_\_\_\_ Recorded on master map by \_\_\_\_\_