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PALO PINTO COUNTY 911 ADDRESS REQUEST

Information gathered is used to help emergency service personnel respond to 911 calls. This form must be completed for all habitable structures in the unincorporated areas of Palo Pinto County. Please note that the naming of road or assignment/re-assignment of an address is a ministerial act. Palo Pinto 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 said easement.

DATE OF REQUEST: _____

APPLICANT'S NAME: _____PHONE NUMBER: _____
MAILING ADDRESS: _____CITY/ZIP_____
EMAIL ADDRESS OR FAX FOR NOTIFICATION: _____
(*After receiving notification 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 property (*Addresses are determined by the location of your driveway. If 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:

TYPE	**EXTERIOR**	**COLOR/TRIM**
[ ] Mfg Home sw dw	[ ] Brick	_____
[ ] Frame home	[ ] Wood	**NUMBER OF STORIES** 1 2 3
[ ] Brick veneer	[ ] Siding	**LOCKED / SECURED GATE** Y N
[ ] Commercial	[ ] Other_____	
[ ] Barn	[ ] Distinguishing features_____	
[ ] Expected Date of Construction_____		

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

SEPTIC [ ] N/A [ ] Existing [ ] New (*For NEW you **must** contact Public Works 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 input into gis_____ Date and who notified _____By: phone email fax mail