



9-1-1 Address Request Form

Check one of the following:

New address

Change address

Please print the following information:

Requestor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Legal Description of Property:

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Property ID: \_\_\_\_\_

Existing Address (if requesting change): \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\* REQUIRED: Please attach a plat/survey of area and mark access to property from road (driveway) \*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must email signed form and a plat/survey to awilliams@marblefallstx.gov in order for request to be reviewed.

OFFICE USE ONLY

Form box containing fields: Date received, MPN, Address assigned, Date sent