

# Madison County 911 Addressing



101 West Main – Rm 115  
Madisonville, TX 77864  
(936)348-3810 Fax (936)348-6614

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## PHYSICAL ADDRESS REQUEST

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

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

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

EMAIL ADDRESS FOR NOTIFICATION: \_\_\_\_\_

### 1. NATURE OF REQUEST

- New location for residential or commercial property. Appraisal District ID: \_\_\_\_\_
- New driveway on existing property. Lat/Long \_\_\_\_\_
- Need address for existing location. [MSAG Change/Correction] Fire: \_\_\_\_\_ Postal: \_\_\_\_\_

### 2. PROPERTY INFORMATION

Physical Location: \_\_\_\_\_

Lot/Tract: \_\_\_\_\_ Acres: \_\_\_\_\_ Survey: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Current Owner: \_\_\_\_\_

Neighbor's Address and Direction if known: \_\_\_\_\_

### 3. DESCRIPTION OF STRUCTURE

Please, provide a description of structure for which address is requested:

<u>Type</u>	<u>Exterior</u>	<u>Color/Trim</u>
<input type="checkbox"/> Mfg. Home sw dw	<input type="checkbox"/> Brick	_____
<input type="checkbox"/> Frame Home	<input type="checkbox"/> Wood	<u>Number of Stories</u>
<input type="checkbox"/> Brick Veneer Home	<input type="checkbox"/> Siding _____	1      2      3
<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Barn	<input type="checkbox"/> Distinguishing features _____	
<input type="checkbox"/> Expected Date of Construction: _____		

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

_____	_____	_____
Processed By	Date Notified Applicant	Date Entered Into Computer

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

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

**BE SURE TO ADVISE RESIDENT THAT THEY NEED TO PUT 4" LETTERS ON THEIR MAILBOXES!!!**