MADISON COUNTY 911 ADDRESSING

101 West Main – Suite B-13
Madisonville, TX 77864
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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] CR:_____ Postal:_____

Please attach a drawing of the site indicating current and future structures and driveways.

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:

Type	**Exterior**	**Color/Trim**
[ ] Mfg. Home sw dw	[ ] Brick	_____
[ ] Frame Home	[ ] Wood	**Number of Stories**
[ ] Brick Veneer Home	[ ] Siding _____	1 2 3
[ ] Commercial	[ ] Other _____	
[ ] Barn	[ ] Distinguishing features _____	

[ ] Expected Date of Construction:_____

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

_____	_____	_____	_____	_____
Processed By	Date Notified Applicant	Date Notified Septic Rep	Post Office/ Appraisal	Date Entered Into Computer

PHYSICAL ADDRESS:_____

CITY:_____ ZIP CODE:_____

BE SURE TO ADVISE RESIDENT THAT THEY NEED DISPLAY THEIR ADDRESS PROPERLY!!