

MADISON COUNTY 911 ADDRESSING



101 West Main – Suite B-13
Madisonville, TX 77864
(936)348-3810 Fax (936)348-6614

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PHYSICAL ADDRESS REQUEST/VERIFICATION

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:

<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 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!!