MADISON COUNTY 911 ADDRESSING



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



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PHYSICAL ADDRESS REQUEST / VERIFICATION

APPLICANT'S NAME:	DATE:
MAILING ADDRESS:	PHONE NUMBER:
EMAIL ADDRESS FOR NOTIFICATION	N:
Is this property subject to Deed Restriction	ns/Covenants/HOA/Other? □YES □NO
1. NATURE OF REQUEST(s)	Please allow $7-10$ working days for address assignment.
☐ New location for residential or commerci	al property. Appraisal District (CAD) ID:
☐ New driveway on existing property.	Driveway Latitude:
☐ Existing structure or land previously unac	ddressed. Driveway Longitude:
□ REQUIRED: A drawing of the site indicating current and future structures and driveways is attached.	
2. PROPERTY INFORMATION	
Physical Location:	
Lot/Tract: Acres:	Subdivision:
Current Owner:	If less than one year, add date of purchase:
Neighbor's Address and Direction if known:	
☐ Check if any portion of the current parcel was or will be placed for sale or transferred to another owner?	
☐ Check if only a portion of the property will be used for financing.	
3. DESCRIPTION OF STRUCTURE - Check and/or circle all that apply:	
☐ Mobile / Manufactured Home ☐ Fram	ne / Brick / Brick Veneer Home Barndominium Barn
☐ Commercial ☐ Other	Expected Date of Construction:
ASK US HOW TO DISPLAY YOUR ADDRESS PROPERLY!!	
OFFICE USE ONLY BELOW THIS LINE	
Processed By Date Notified Applicant	Date Notified Septic Rep Post Office / Appraisal Date Entered Into Computer
PHYSICAL ADDRESS:	
CITY:	ZIP CODE: