

City of Gainesville

9-1-1 Physical Address Request Form

Date: _____

What do you need?

New address:

Verification of existing address:

Change existing address:

Contact Information (*Required information)

*Name (First & Last)	
*Contact Phone	
*Mailing Address, City, State, Zip Code	
*Email Address	

Property Information

*Property Owner	
Appraisal District Property ID (cookecad.org)	
*City	
Subdivision Name	
Does the property have its own driveway?	
What direction and how far is the nearest intersection?	
Measurement (in feet) from center of driveway to your nearest established property line?	
Nearest neighbor's address?	
Coordinates (Lat/Long) of driveway	
Coordinates (Lat/Long) of structure	

Property Type:

Residence Business Farm Structure Utilities Only

NOTES:

For Office Use Only
Address Assigned/Verified
Address
City
Subdivision
Coordinates of Address Point
Address Not Assigned/Verified
Farm land only <input type="checkbox"/> No established driveway <input type="checkbox"/> No future plans to build <input type="checkbox"/>

Fire Marshal Approval: _____

Date _____