

9-1-1 Addressing Coordinator
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BURLESON COUNTY

9-1-1 Addressing Request / Verification Form

DO NOT MARK/WRITE HERE

Physical address: _____

ADD_ID _____ Verbal _____ Date _____ New _____ Change _____ Letter sent _____

ArcView MSAG POSTAL

***** Please fill out entire form below this line *****

Please return the completed and signed form to the address, email, or fax number listed at the top of this page.

If you provide your email address, your addressing notification letter will be sent to the email address you provide. If needed include a map for exact location of entrances with new properties.

Property Ownership (If business, enter owner name and business name)

Name: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Requestor Information (Person requesting the physical address if not the property owner)

Name: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Property information & Directions

Latitude, Longitude of property entrance if known: _____

Parcel ID: (available through the Burleson County Appraisal District) _____

Nearest Community: _____ Landmarks: _____

Hwy or County Road #: _____ Neighbor address or name (if known): _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Directions to property: _____

Utility Services

Does the property have the following services?

Electric: Yes No Name of electric service provider: _____

Water: Yes No Name of water company: _____ Private well? Yes No

Septic: Yes No Is septic service public or private? (circle one) Public (city) or Private (on-site sewage facility)

Phone: Yes No Name of phone service provider: _____

Phone Number: _____ Phone Fax Listed Unlisted

Do you own other property in the Burleson County? Yes No (if "Yes" please complete this section)

Address: _____ City: _____ State: _____ Zip: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Address: _____ City: _____ State: _____ Zip: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

I certify that either I am the owner of this property or that I have been authorized by the owner of this property to request a physical address for this property.

Signature of submitting person _____ Date _____

For 911 use only. Information on this form may be obtained from other resources, for this reason information on this form will not be released to the public.