

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.

### 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.