9-1-1 Address Request Form

Check one of the following:

☐ New address ☐ Change address

Please print the following information:

Requestor's Name: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Telephone: _____

Property Owner's Name: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Telephone: _____

Legal Description of Property:

Subdivision/Section: _____ Block: _____ Lot: _____

*Survey: _____ Abstract #: _____ Property ID: _____

Existing Address (if requesting change): _____

Reason for Request: _____

_____

*If acreage, attach a plat/survey of area and mark access to property from road (driveway entrance)

Printed Name: _____ Signature: _____ Date: _____

Please email form to cseiterweatherford@marblefallstx.gov or mail to Development Services

OFFICE USE ONLY

Date received: _____

Address assigned: _____

Address document sent on: _____