



Teresa L. Gilbreath

911 Addressing Coordinator

teresa.gilbreath@co.palo-pinto.tx.us

P.O. Box 411
Palo Pinto, Texas 76484

Phone: (940) 659-1268
Fax: (940) 659-3828

PALO PINTO COUNTY 911 ADDRESS REQUEST

Information gathered is used to help emergency service personnel respond to 911 calls. This form must be completed for all habitable structures in the unincorporated areas of Palo Pinto County. The information herein will not be released to mass marketing firms or to market research firms or salespersons of any kind.

DATE OF REQUEST: _____

APPLICANT'S NAME: _____ **PHONE NUMBER:** _____

MAILING ADDRESS: _____ **CITY/ZIP** _____

EMAIL ADDRESS OR FAX FOR NOTIFICATION: _____

(*After receiving notification of address, please post it on your home, mailbox, and/or gate, using 4" reflective numbers to aid in emergency response.)

1. NATURE OF REQUEST

- New location for residential or commercial property
- New driveway on existing property (*Addresses are determined by the location of your driveway. If the location of your driveway changes you must contact this office to determine if a new address may be required.)
- Other: _____

2. PROPERTY INFORMATION

Physical location with road name if known: _____

Subdivision: _____

Phase: ___ Lot: ___ Block: ___ Section: ___ Acres: ___ Survey: _____

Neighbor's name, address, and direction if known: _____

3. DESCRIPTION OF STRUCTURE Please provide a description of the structure, if any, for which the address is requested:

TYPE	EXTERIOR	COLOR/TRIM
<input type="checkbox"/> Mfg Home sw dw	<input type="checkbox"/> Brick	_____
<input type="checkbox"/> Frame home	<input type="checkbox"/> Wood	NUMBER OF STORIES 1 2 3
<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Siding	LOCKED / SECURED GATE Y N
<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Barn	<input type="checkbox"/> Distinguishing features _____	_____
<input type="checkbox"/> Expected Date of Construction _____		_____

(*Please notify this office upon completion of the structure)

-----OFFICE USE ONLY-----

PHYSICAL ADDRESS: _____

CITY: _____ **ZIP:** _____

Address issued by _____ by- fieldwork: measure gps in-office: plats gis/maps

ESN _____ MSAG Comm _____ Postal Comm _____ Entered on excel? _____ MSAG verified? _____

Date input into gis _____ Date applicant notified _____ Notified by: phone email fax mail