



911 Addressing Coordinator

911Addressing@co.palo-pinto.tx.us

P.O. Box 411
Palo Pinto, Texas 76484

Phone: (940) 659-1268
Fax: (844) 638-7721

Property owner:

**Rural addresses are issued based on the location of the primary driveway. Please note that moving your driveway will result in a new address and you will need to contact this office to report the move and obtain a new address.*

Below are address request instructions; these are general, and not all are applicable in every situation:

1. Please complete and submit the Address Request form. *Filled out w/ lot owner information:* (Found on the Palo Pinto County Texas website: <https://www.co.palo-pinto.tx.us/page/palopinto.911AddressingCoordinator>).
2. If you are able to supply a copy of an aerial of the property (obtained from the satellite image on most internet map sites or the appraisal district website), please mark approximate lot lines, driveway*, and home site(s).
3. If you have a survey, please include a copy with the application, again, sketching in both the driveway location*, disclosing footage from a fence line or some other landmark to the drive, and home placement (if applicable).
4. If the lot or parcel of land is on a corner of and intersection of two roadways, please submit a site plan or sketch showing the placement of the driveway*, as well as the home, on the lot so that the correct address can be determined.
5. If the address request is for a replatted lot in a platted subdivision, please submit a site plan or sketch showing the placement of the driveway* as well as the home on the new lot, with OLD lot lines also displayed, so that the correct address can be determined.
6. If you request an address and own more than one lot (lots adjacent), please follow the procedure in #2 above.
7. If the property is only accessible thru someone else's property, you must include a copy of the granted easement with the survey showing the easement.
8. If the driveway will open onto a State roadway, you must first get approval for the placement of the driveway from TxDot.
9. Please send the above items to the fax, email, or mail address shown, or deliver in person to the 911 Addressing Office at 520 oak St in Palo Pinto, providing good contact information in case this office has any questions. In most cases the address will be completed in, 3 days but could take as long as 7.

If you are unable to furnish the requested information for any reason, or if you have any questions, please do not hesitate to contact me.

Thank you.

Jennifer Fabian
911 Addressing Coordinator



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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. Please note that the naming of road or assignment/re-assignment of an address is a ministerial act. Palo Pinto County, its employees or agents, do not warrant or assure that any road or easement is public or private nor what parties or landowners have a right to use said easement.

DATE OF REQUEST: _____

PROPERTY OWNER 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. You shall provide a copy of this completed form to the post office to establish mail delivery.)*

1. NATURE OF REQUEST *(*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.)*

New construction of residential or commercial property

New driveway on existing property

Other: _____

2. PROPERTY INFORMATION

Property ID From Palo Pinto County Appraisal District R: _____

Physical location with road name if known: _____

Property will be marked by: _____

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 being 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)

SEPTIC N/A Existing New (*For NEW you **must** contact Public Works Department for permitting)

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

PHYSICAL ADDRESS: _____

CITY: _____ **ZIP:** _____

Issued by _____ thru- fieldwork: measure gps in-office: plats/lists gis/maps

Notified PPAD ___ PW ___

Date input into gis _____ **Date and who notified** _____ **By:** phone email fax mail