REQUEST FOR NEW ADDRESS

Please allow up to 2 weeks for an address to be completed and validated.

Return this form to the White County 911 Office:

MAIL: PO Box 339, Carmi, Illinois 62821
FAX: (618) 382-5321
EMAIL: whitecountyil911@gmail.com

DATE: _____

CURRENT OWNER: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

CURRENT MAILING ADDRESS: _____

PROPERTY INFORMATION

****PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO ENSURE ACCURATE IDENTIFICATION****

****DRIVEWAY MUST BE COMPLETED BEFORE AN ADDRESS WILL BE ASSIGNED****

LOCATION: _____

_____

PARCEL / LOT NUMBER: _____

CLOSEST NEIGHBOR: _____

PREVIOUS OWNER: _____

IF NEW BUILD, APPROXIMATE COMPLETION DATE: _____

ADDRESS ASSIGNED: _____

OWNER / REQUESTOR VALIDATED	☐
ADDRESS FIELD VERIFIED BY 911 OFFICE	☐
ADDRESS WITHIN MSAG RANGE	☐
ADDRESS ADDED TO 911 OFFICE DATABASE	☐
ADDRESS ADDED TO GIS MAPPING	☐
ADDRESS LETTER SENT TO CUSTOMER	☐
NOTED IN MASTER ADDRESS LOG	☐

COMPLETED BY: _____ **DATE:** _____

FAXED / COPIED / MAILED TO: OWNER ☐ REALTOR ☐ ASSESSOR ☐ BANK ☐

STAPLE THIS FORM WITH COPY OF CUSTOMER LETTER, MAP OF LOCATION AND FILE.