

Scott County E-911

P.O. Box 395

Gate City, VA 24251

276-386-7220 FAX 386-9098

ADDRESS REQUEST FORM

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Link # _____ House # _____ Street _____

Community: _____ ESN _____

APPLICANT INFORMATION

Notification _____ Assigned by: _____ New Addr. _____ Existing Addr. _____ Corr. _____

Applicant Name _____

Company Name (if applicable): _____

Applicant's Mailing Address _____

City/State/Zip: _____

Applicant's Daytime Telephone _____

Relationship (check all that apply) _____ Property Owner _____ Renter
_____ Developer/Builder _____ Realtor
_____ Other

Building Permit Number _____

ADDRESS REQUEST

Address requested for: _____
(check all that apply) _____ New Structure - recently completed
_____ New Structure - planned
_____ Existing Structure
_____ P.O. Box _____ Multiple Family Box

Post Office that services structure to be addressed: _____

Type of Structure (check one) House
 Double Wide
 Single Wide
 Cabin
 Apartment Complex _____ Apartment Number
 Business
_____ Number of Buildings _____ Number of Suites
 Other (please specify) _____

Brief Description (example: two-story, white, wood frame house w/blue trim):

PROPERTY OWNER/LOCATION INFORMATION

Property Owner's Name _____

Name of Previous Property Owner _____

Subdivision Name / Lots _____ / _____

Driving Directions to Property from a Major Intersection in Scott County: (Include Road Name & VDOT #)

Please list all working telephone numbers (voice & data) at structure to be addressed:

I certify that the information provided on this form to Scott County E-911 is true and correct.

Printed Name _____

Signature _____ Date _____

Address Plate Requested Yes _____ No _____