

# APPLICATION FOR NEW ADDRESS

9-1-1 ADDRESSING  
P. O. BOX 811  
ANDERSON, TEXAS 77830  
(936) 873-4493 (936) 873-2670 (FAX)

\_\_\_\_\_  
NAME OF APPLICANT TELEPHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
OWNER TENANT (PROVIDE PROPERTY OWNER INFORMATION)

\_\_\_\_\_  
NAME OF OWNER TELEPHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

**PROPERTY LOCATION** NEAREST COMMUNITY \_\_\_\_\_

ROAD NAME or NUMBER \_\_\_\_\_

ABSTRACT OR SURVEY \_\_\_\_\_ TRACT # \_\_\_\_\_

**OR**

SUBDIVISION NAME \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ TRACT # \_\_\_\_\_

DESCRIPTION OF RESIDENCE \_\_\_\_\_

IDENTIFYING LANDMARKS / GATE, ETC. \_\_\_\_\_

NAME OR ADDRESS OF NEIGHBORS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR TDL # DATE

**ALLOW 2 - 3 WEEKS FOR ADDRESS PROCESSING**

===== FOR OFFICE USE ONLY =====

Field Number: \_\_\_\_\_ Memo: \_\_\_\_\_ Route# \_\_\_\_\_

Address ID # \_\_\_\_\_ ESN \_\_\_\_\_ New Address: \_\_\_\_\_

Data Date: \_\_\_\_\_ Call Date \_\_\_\_\_ Letter Date \_\_\_\_\_