



REQUEST FOR NEW 9-1-1 ADDRESS OR CHANGE TO EXISTING ADDRESS

TYPE OF REQUEST

☐ New Address ☐ Change to Existing Address ☐ Additional Address on Single Property

REASON FOR ADDRESS REQUEST

☐ New Construction ☐ Existing Numbers Out of Sequence ☐ Property split or merged with another

☐ Other: _____

APPLICANT INFORMATION

Name of Applicant: _____

Telephone #: _____ Email: _____

Property Owner (if different than applicant): _____

Applicant or Property Owner's Signature: _____

If the applicant is not the owner of the property where the new address will be assigned or changed, you are acknowledging by signature that you are authorized on behalf of the owner to make this request.

PROPERTY DESCRIPTION

Street Address (if address already exists): _____

Location Description (if no address exists): _____

Type of Property: ☐ Single Family ☐ Apartment ☐ Commercial

Existing Improvements on the Property? ☐ Yes ☐ No

New Address / Address Reassignment Process

Once this form is completed, you may return by mail, in person or by email to:

Development Services Department
504 N. Queen Street
Palestine, Texas 75801
Email: plantech@palestine-tx.org

The form will be reviewed by Staff who may contact you if there is any additional information needed.
Once approved, you will receive a letter indicating your official new 9-1-1 address or 9-1-1 address change.

City of Palestine
Development Services Department
504 N. Queen Street, Palestine, Texas 75801