SUBDIVISION ADDRESS REQUEST FORM

St. Clair County Emergency Telephone System Board

9-1-1 COORDINATOR'S OFFICE
Address Assignment
101 SOUTH FIRST STREET
BELLEVILLE, IL 62220
Telephone: 618-825-2161
Fax:618-277-7668

SUBDIVISION NAME: _____

Parcel ID # __-__.0-___-___

In City/Village Limits of:_____ or Unincorporated St. Clair County ____?

PROPERTY OWNER / DEVELOPER INFORMATION

Name (S): _____

Current Mailing Address: _____

City, State, Zip: _____

Current Phone Number: _____

PROJECT ENGINEERING / ARCHITECTS FIRM

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Contact Name: _____

OFFICE USE ONLY:

Addressing Completed _____ Plat Picked Up _____ Mylar Signed _____

New City, Zip: _____ ESN # _____

New / Existing Street Names	Ranges	Ledger Made