

# 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

To receive a new address for property within St. Clair County, please fill in the appropriate information and return this form by fax or by mail to the address listed above. It may take up to fifteen working days for an address to be assigned. You will be notified by mail of the new address.

## PROPERTY OWNERS INFORMATION

Name(s): \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Current Phone Number: \_\_\_\_\_

## INFORMATION OF PERSON SUBMITTING FORM, IF DIFFERENT THAN ABOVE

Name: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Current Phone Number: \_\_\_\_\_

## INFORMATION REQUIRED FOR ADDRESS ASSIGNMENT

**Parcel ID #** \_\_\_ - \_\_\_ . 0 - \_\_\_ - \_\_\_ (Example: 01-01.0-100-001)

If you are unable to determine the parcel number, call St. Clair County Mapping & Platting at 618-277-6600 for assistance.

**Include a hand drawn sketch of the property indicating the location of the structure as well as where the driveway intersects with the road.** You may use the reverse side of this form for the sketch. It does not need to be drawn to scale. Also, please include the address of the closest property as well as the distance from that driveway to your driveway. If you have any questions, feel free to call.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY:

New Address: \_\_\_\_\_  
New City, Zip: \_\_\_\_\_  
ESN # : \_\_\_\_\_ Date Notified: \_\_\_\_\_