

**ADDRESS VERIFICATION REQUEST**  
St. Clair County Emergency Telephone System Board  
9-1-1 DIRECTOR'S OFFICE  
101 South 1<sup>st</sup> ST.  
BELLEVILLE, IL 62220  
Phone: 618-825-2161  
Fax: 618-277-7668

To receive address verification for a property within St. Clair County, please provide the following information and return this form by fax or by mail to the address listed above. It will take 15 working days for address verification. You will be notified by mail or by fax (if requested) of the address verification.

Information of Person Submitting Request

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Numbers: day: \_\_\_\_\_ fax: \_\_\_\_\_

Information of Property in Question

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

This number can be found on your St. Clair County tax statement.

Property Owner: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ LOT # \_\_\_\_\_

Address in question: Number & Street Name: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Other addresses given for same property? \_\_\_\_\_

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A sketch of the property indicating the location of the structure and the addresses of the closest properties on both sides of the structure will help to expedite this process. You may use the reverse side of the application for your sketch. Failure to provide any of the above requested information could cause a delay in the address verification process.

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

OFFICE USE ONLY:

Correct Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

ESN \_\_\_\_\_ Date notified: Ltr: \_\_\_\_\_ Fax: \_\_\_\_\_