

Christian County 9-1-1

301 W. Franklin St.
Taylorville, IL 62568
(217) 287-7911

FAX (217) 824-7890

Office Use Only - Please do not write in this area	
House # _____	Street/Road _____
Community _____	
ESN _____	Notification Sent: _____
Assigned by _____ New Addr. Existing Addr. Correction	

Christian County 9-1-1 Address Request Application

APPLICANT INFORMATION

APPLICANT NAME _____

APPLICANT'S MAILING ADDRESS _____

CITY/STATE/ZIP: _____

APPLICANT PHONE # _____ EMAIL ADDRESS _____

RELATIONSHIP (check all that apply) Property Owner Resident Developer/Builder Realtor Other _____

ADDRESS REQUEST

ADDRESS REQUESTED FOR (check all that apply) New Structure – recently completed New Structure – planned Existing Structure

SITE INFORMATION

NAME OF ROAD THAT DRIVEWAY ACCESSES (if unknown, nearest intersection) _____

APPROX. DISTANCE (FEET, YDS, 1/10 MILE, ETC.) THAT YOUR DRIVEWAY/ACCESS WILL BE FROM THE NEAREST INTERSECTION OR NEAREST NEIGHBOR'S DRIVEWAY (please do not use your property's legal description; we must have the location of where your driveway will meet the road).

GPS (LATITUDE-LONGITUDE) COORDINATES AT POINT OF DRIVEWAY (IF KNOWN) -- LAT. _____ LONG. _____

ARE THERE PRESENTLY ANY OTHER PROPERTY OWNERS THAT SHARE YOUR DRIVEWAY? YES _____ NO _____
IF YES, LIST THE HOMEOWNER AND THEIR ADDRESS: _____

WHAT SIDE OF ROAD IS STRUCTURE ON? (NSEW) _____ Can your building be seen from the road? YES _____ NO _____

WAS THIS STRUCTURE RECENTLY BUILT? YES _____ NO _____ If yes, Date completed or expected to be completed: _____

CLOSEST NEIGHBOR: NAME _____ ADDRESS _____

PLEASE READ CAREFULLY AND ACKNOWLEDGE

Please allow up to 10 working days to complete the addressing under normal circumstances. For subdivisions, please allow up to 3 weeks. After all requirements have been met, a confirmation call or email will be sent to the applicant. Christian County 9-1-1 assigns address for rural areas outside of city or village jurisdictions. If the site is within a city or village, further consultation will be needed with the respective town/city to acquire an address.

If you require a written confirmation, please indicate below. WRITTEN CONFIRMATION OF ADDRESS

ONCE COMPLETED, PLEASE RETURN TO THE ABOVE LOCATION VIA U.S. MAIL, FAX OR DROP OFF –
ATTN: MICKIE EHRHARDT, 9-1-1 ADMINISTRATOR

The information provided is true and accurate to the best of my knowledge. I understand the physical address assigned will be based on the information I provide.

- I Agree with the Stated Terms
- I Do Not Agree

Applicant Signature: _____

Date: _____