Columbia County 9-1-1 Addressing / GIS Department
P.O. Box 1787, Lake City, FL 32056
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * E-mail: ron_croft@columbiacountyfla.com

9-1-1 Address Request Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: _____

Requester Last Name: _____

First Name: _____

Contact Telephone Number: _____

(Cell Phone Number if Provided): _____

Requested for Self: _____ or Requested for Company: _____
(check one)
If Address is Requested by a Company Provide Name of Requesting Company:

_____

Parcel Identification Number: _____ - _____ - _____ - _____ - _____

If in Subdivision, Provide Name Of Subdivision:

_____

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use back of Request Form for Site Plan:

Requirements for Site Plan Are Listed on Back of Request From:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Requirements.)

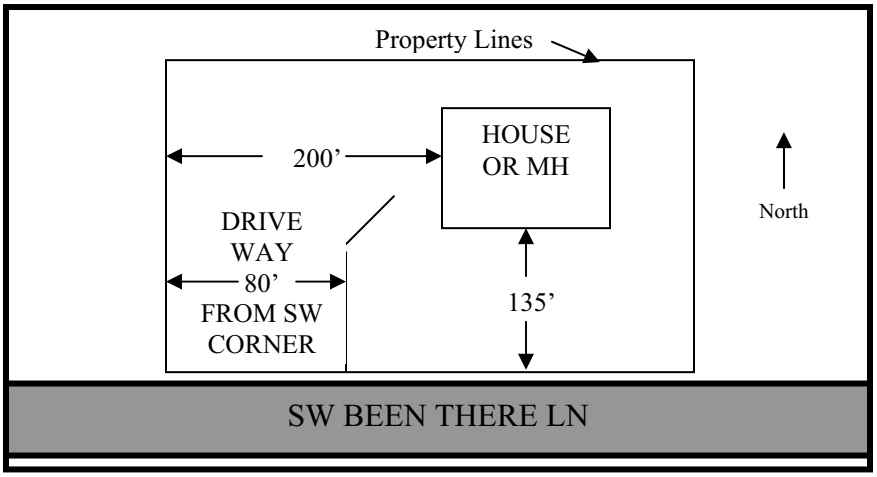
Addressing / GIS Department Use Only:

Date Received: _____ Date Assigned: _____

ID Number: _____

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX: