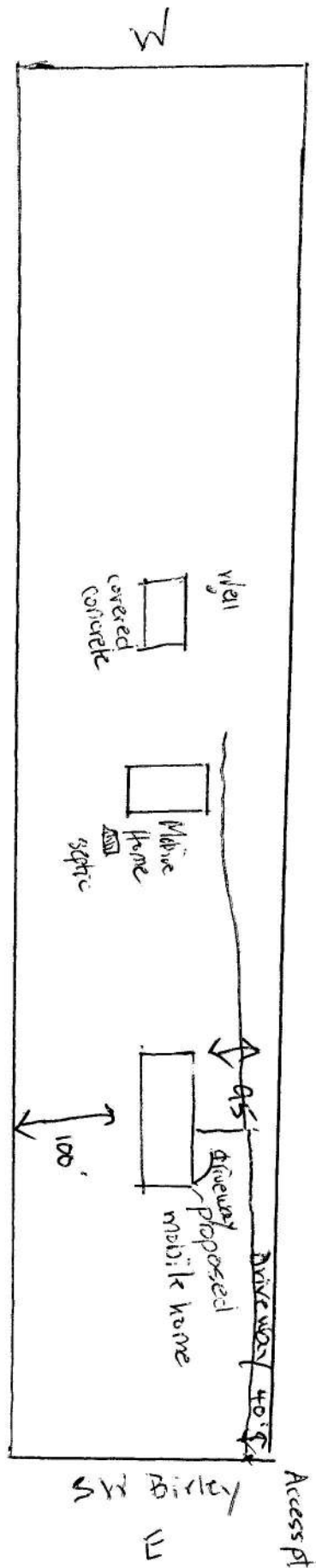




4984 S.W. Birley Ave
Lake City, FL



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

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

Date of Request: 6-5-2020

REQUESTER Last Name: Chase

First Name: Cameron

Contact Telephone Number: _____

(Cell Phone Number if Provided): 407) 529-6028

Requested for Self: ☒ or Requested for Company: ☐
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

Parcel Identification Number: 20-49-16-03077-011

If in Subdivision, Provide Name Of Subdivision:

N/A

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

Lot Number: _____

Attach Site Plan or you may use page 2 of Application Form for Site Plan:
Requirements for Site Plan Are Listed on page 2 of Application Form:
(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 Application Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____