



# 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

Existing

**NOTE: ADDRESSING REQUEST MAY REQUIRE UP TO 10 WORKING DAYS.  
IF THE REQUEST IS COMPLEX, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: \_\_\_\_\_

REQUESTER Last Name: Southland Alan

First Name: Address - 1272 SE Adams St. High Springs

Contact Telephone Number: 386-590-2335

(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: 11-75-17-0983 - 007

If in Subdivision, Provide Name Of Subdivision:

Bicentennial Acres

Phase or Unit Number (if any): 1 Block Number (if any): \_\_\_\_\_

Lot Number: 14

**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  
Barely Legible Sketch Dept. Site Plan showing only a 210 by 210 extent of a  
property is NOT an acceptable Addressing Application Requirement.**

#### Addressing / GIS Department Use Only:

Date Received: \_\_\_\_\_

Received by: Walk in: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_