



# 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: 10-11-23

REQUESTER Last Name: Vaughn

First Name: Caleb

Contact Telephone Number: \_\_\_\_\_

(Cell Phone Number if Provided): 386-984-8194

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

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

Parcel Identification Number: 01-45-15-00321 - 003

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 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: \_\_\_\_\_