

**WALKER COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT
911 ADDRESS REQUEST FORM**

REQUEST SECTION

DATE: _____
NAME: _____
DAYTIME PHONE: _____
ALTERNATE PHONE: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____
STREET DRIVEWAY CONNECTS TO: _____
SIDE OF STREET: ☐ RIGHT ☐ LEFT
DRIVE WAY IN: ☐ YES ☐ NO
GEO ID: _____
LAND DESCRIPTION: _____
PHYSICAL DESCRIPTION OF HOUSE OR ENTRANCE: _____
DIRECTIONS TO SITE: _____
DATE THE STAKE WILL BE PLACED ON SITE: _____

FIELD SECTION

DISTANCE FROM BEGINNING OF ROAD: _____

	ADDRESS	DISTANCE
DISTANCE FROM THE NEAREST POSTED ADDRESS BEFORE THE SITE:	_____ +	_____
DISTANCE FROM THE NEAREST POSTED ADDRESS AFTER THE SITE:	_____ -	_____
IS THE SITE ON THE RIGHT OR LEFT OF THE ROAD:	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT
G.P.S. COOR: LAT:	_____ LONG: _____	
FIELD NOTES:	_____ _____ _____ _____	

ADDRESS PROCESSING

CALCULATIONS: _____

DISTANCE: _____

ADDRESS ASSIGNED: _____

DATE OF ASSIGNMENT: _____

DATE ENTERED IN DATABASE: _____

DATE SENT TO TRIES: _____

DATE SENT TO HGAC: _____

REQUEST TAKEN BY: _____