



CAPE GIRARDEAU COUNTY, MISSOURI

9-1-1 Physical Address Request Form

1 Barton Square, Suite 201, Jackson MO 63755
 573-243-3123 or 911addressing@capecounty.us

ID#:

Date: _____ Addressing/Mapping Specialist: _____

What service are you requesting today?

New address: _____ Verification of existing address: _____ Change existing address: _____

Contact Information

Name	
Contact Phone	
Mailing Address	
Email Address	

Property Information (Complete all known.)

Property Owner	
County Parcel ID Number	
Shared driveway or multiple addresses on this lot?	
Is this located inside city limits, in an unincorporated town, or in the county?	
Subdivision Name & Lot Number	
Does the property have its own driveway?	
What direction and how far is the nearest intersection?	
Measurement (in feet) from center of driveway to your nearest established property line?	
Nearest neighbor's address?	
Coordinates (Lat/Long) of driveway	
Coordinates (Lat/Long) of structure	

Property Type: Residence Business Farm Structure Utilities Only

NOTICE: An overhead site plan is required if the property where the address will be located is not in a subdivision. You will need to complete a tax billing change of address form if you intend to receive tax billings at the new address location.

Notes: _____

<u>For Office Use Only</u>	
<u>Address Assigned/Verified</u>	
Address	
City (if applicable), County	

Approved by: _____ Date: _____