

# 9-1-1 ADDRESS REQUEST FORM

9-1-1 Coordinator's Office  
101 E. Edwardsville Road  
Wood River, IL 62095  
(618) 296-5914  
(618) 692-7480 (Fax)

1. A parcel I.D. number for the property in question **MUST BE FURNISHED**.
2. If the property to be addressed is on a parcel of one acre or more, the exact location of the building to be erected must be indicated. Also, the point of the access to the building must be indicated. This information must be furnished in the form of a drawing.

**Please mail form to above address** allowing up to 10 (ten) working days to complete the addressing. For subdivisions, please allow up to three (3) weeks.

After all requirements have been met, a confirmation letter will be mailed to the property owner at the **CURRENT** address below.

.....  
Property Owner's Name \_\_\_\_\_

Owner's Current Address \_\_\_\_\_  
\_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Parcel I.D. Number \_\_\_\_\_

Person submitting form (if different from above):

Name \_\_\_\_\_ Address/Phone \_\_\_\_\_  
.....

## FOR OFFICE USE ONLY:

New Address \_\_\_\_\_

Fire District \_\_\_\_\_

Post Office \_\_\_\_\_ ESN \_\_\_\_\_