



VANCE COUNTY 911 ADDRESSING

156 Church Street Suite 002
 Henderson, NC 27536
 Office-252-492-8086
 Fax-252-438-8145

E-911 ADDRESS REQUEST FORM

This information is for Enhanced 911, U.S. Postal Services and Vance County Tax Office only. **PLEASE NOTIFY YOUR POST OFFICE OF YOUR NEW ADDRESS IMMEDIATELY.** Begin using your new address immediately. Please display this address number, with a minimum of 4" numbers, on your home and a minimum of 1" numbers on your mailbox. Persons living more than 120 feet off the road should post these numbers on a sign at the driveway.

IF LAND-LINE TELEPHONE SERVICE IS OBTAINED ONLY THIS ASSIGNED E-911 ADDRESSES SHOULD BE USED

OUR OFFICE REQUIRES ONE (1) COPY OF PLAT FOR OUR FILES!!!

THIS FORM CAN BE (1) OF THE FOLLOWING:

- A. TURNED IN TO THE PLANNING & DEVELOPMENT OFFICE (Attention: Planning Technician)
- B. BE MAILED TO OUR OFFICE. (OUR OFFICE IS NOT OPEN FOR HAND DELIVERY)

▼ Property Owner: _____ ▼ Phone: _____ Cell: _____

▼ Resident Name: _____ Phone: _____ Cell: _____
 (If different from Property owner)

▼ STRUCTURE TO BE LOCATED AT:

Road Name: _____ Lot Number from Plat: _____

▼ New Address Request For:

_____ (Check One)	_____ (Check One)	_____ (Check One)	_____ (Check One)
Residence	On the road	Block	Single Family
Business	Visible from road	Brick	Apt/Condo
Church	Not visible from road	Frame	SWMH
School	_____ (Check One)	Log	DWMH
RV/Camper	Progress Energy	Modular	TWMH
Other (List)	Wake Electric	Stone	

Special Instructions to locate structure: _____

WHO IS YOUR LOT LOCATED NEAR?

▼ Addresses of Nearest Neighbors:

House#	Road Name	<input type="checkbox"/> Is Before	<input type="checkbox"/> Is After	<input type="checkbox"/> Is Same Side of Road	<input type="checkbox"/> Is Across the Road
House#	Road Name	<input type="checkbox"/> Is Before	<input type="checkbox"/> Is After	<input type="checkbox"/> Is Same Side of Road	<input type="checkbox"/> Is Across the Road
House#	Road Name	<input type="checkbox"/> Is Before	<input type="checkbox"/> Is After	<input type="checkbox"/> Is Same Side of Road	<input type="checkbox"/> Is Across the Road

**If home description changes at any time, please notify our office immediately. Help us help you in your time of emergency by having correct information on file with our office.

Please check if any of the following conditions apply to anyone in your household:

Bedridden Blind Life Support Wheel Chair TDD In Use

▼ INDUSTRY ONLY: If there are hazardous materials on the premises, have these been filed with the local Fire Department and/or Emergency Management? Yes No (If not, please file with local Fire Department and/or Emergency Management)

The address shown below is your new E-911 address:

#	Prefix (N,S,E,W)	Street Name	Suffix	Location (Apt/Bldg/Suite/Unit)	Town if NOT Henderson
---	---------------------	-------------	--------	-----------------------------------	-----------------------

NOTE: FAILURE TO INCLUDE PREFIX, SUFFIX & LOCATION MAY RESULT IN MAIL BEING DELAYED.

▼ REQUIRED INFORMATION