

ROANE COUNTY EMERGENCY COMMUNICATIONS DISTRICT E-911

**4390 Roane State Highway
ROCKWOOD, TENNESSEE 37854
865-354-0704 ext. 1201 Fax 865-354-8481**

Address Request Form

- The Owner/Requestor is responsible for complying with all applicable laws and regulations
- The property cannot be accurately addressed unless the **driveway is indicated either on the plan/plat or coordinates provided**. If the driveway specification is later found to be inaccurate; the property may require an address change.
- The GIS office will have up to **(7) business days** to assign the address if all information is correct and complete
- Your request **MUST** include a copy of the site plan/plat.
- The plat/plan must include: (1) Driveway/entrance location (marked and labeled "Driveway" (2) Map and parcel number w/lot number (if applicable)
- The structure will be addressed using the driveway location and corresponding street. If there are/will be multiple structures on the property, the site of the structure to be addressed will need to be specified with either GPS coordinates or provision on the site plat/plan showing the entire parcel.
- You can complete this form and email to address@roanecounty911.com or apply in person M-F 08:00 to 16:00

Owner's contact information: (Who owns the property or structure?)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

E-mail: _____

Information Needed For Addressing (*Required Information)

*Tax Map: _____ Group: _____ *Parcel: _____ Lot: _____ Acres: _____

Subdivision (if applicable): _____

*Road/Street Name: _____

*Will the site share a driveway with another building? Yes No

Structure Coordinates (if available)

Latitude: _____ Longitude: _____

Driveway Coordinates (if available):

Latitude: _____ Longitude: _____

*Driveway is marked/noted on attached plan/plat: Yes No

Supply the nearest address as if standing at the road facing towards the property:

Left address: _____ Right address: _____

Address across from property: _____

Requestor Name (print): _____

Requestor Signature: _____ Date: _____

OFFICIAL USE ONLY BELOW LINE

Address Assigned to Property:

Numerical: _____ Street: _____

Date Address Assigned: _____

Initials of GIS or E911 personnel: _____