



City of Rockwall
<http://www.rockwall.com>

911 ADDRESSING APPLICATION
 Geographic Information Systems & Addressing
 385 S Goliad St.
 Rockwall, TX 75087
 Phone: 972-772-6785
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Visit us on the web at:
<http://www.rockwall.com/gis/>

We only address for properties inside the City of Rockwall. Help us identify your property by filling out as much information below as you can. Complete this form and return it to the GIS Division electronically or by mail.

Contact information:

1. Last Name _____ First Name _____ MI _____
 2. Street Address _____
 3. City _____ State _____ Zip Code _____
 4. Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Other Phone: _____

Information Needed For Your New Address: (where is the new building located?)

5. Subdivision or development name, if there is one: _____
 6. Building Name or business Name, if there is one: _____
 RCAD Tax Parcel ID#: _____ Site Plan Case #: _____
 Property Legal Description (ex. Addition, Block, Lot): _____
 7. Road name: _____
 8. Road name of nearest intersecting road: _____
 9. What side of the road is your new building on?
 North South East West Left Right
 10. Can your new building be seen from the road? Yes No
 11. Is this building a: constructed building mobile home other
 Describe: _____
 12. Is this building a: private home business
 13. Do you share a driveway with another building? Y / N , what is the other building's address? _____

If you are standing at the road facing your property, what is?

14. The nearest 911 address to your left is: _____
 15. The nearest 911 address to your right is: _____
 16. The nearest 911 address across the road is: _____
 Other comments or helpful information: _____

I, (owner, agent) _____ request addressing of my property; or concurrent address issuance based on approval of my Site Plan or Building Permit application. If concurrent, I understand if any further site changes are required that addressing is subject to change.

I have read and agree to the above statement: X _____ Date: _____
Your return email address: _____

FOR ADDRESSING STAFF USE

THE NEW OR VERIFIED ADDRESS IS:			Suite
City	St	Zip	
Type	Date Rcvd:	Date of Issuance:	Staff Initial