

Addressing Request Form

Assignment or Verification of Property Address

Phone: 210-619-1184

Fax: 210-619-1769

www.schertz.com

** Address requests may take a minimum of ten (10) business days to process.*

Requester Contact Information (Name & Phone Required):

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Signature: _____ Date: _____

Request (check all that apply):

New Address

Verification

Suite Assignment

Single Family

Multi-Family

Commercial

Other: _____

Property Information:

Owner (if different): _____

County: _____ Property ID: _____

Subdivision, Lot & Block: _____

Current Address (if applicable): _____

Property Details (please provide as much information as possible):

Nearest Intersection: _____

Distance of drive/access way to nearest intersection: _____

Street with which the drive/access way will connect: _____

Property Map (please sketch or attach an accurate depiction of the property including nearest intersections and adjacent property addresses. For Subdivisions and new construction, please attach a completed site plan):