



Decatur County Emergency Communications District

21 S South St.
Decaturville TN. 38329
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Application for New Address

NAME: _____ PHONE: _____ - _____ - _____
(Last) (First)
CURRENT ADDRESS: _____
(Street) (City) (STATE) (Zip)
EMAIL: _____

Date: ____/____/____ **PROPERTY USE** _____

ADDRESSING INFORMATION:

Road name **DRIVEWAY** connects with (Mark Proposed Driveway): _____
____ New Road Needed Possible Name of Road _____

New Road Will Need More Time to Process

Tax Parcel Number (From Tax Assessor office): _____ Subdivision Lot Number: _____
GPS of Structure LATITUDE _____ LONGITUDE _____
GPS of Driveway Connection LATITUDE _____ LONGITUDE _____

As seen from the road facing the proposed structure. (Facing the house) :

Nearest address on left: Address: _____
Nearest address on right: Address: _____
Nearest address across road: Address: _____

NOTES TO RESIDENT:

1. You must also submit an accurate map of your proposed location, roadways, driveways, and neighboring structures with this application. **We are unable to process requests without this information.**
2. If no driveway present, you must mark the proposed location of the new driveway with a marker that can easily be identified by the address assigner.
3. **All ADDRESSING REQUESTS ARE HANDLED ON A FIRST COME, FIRST SERVE BASIS. REQUESTS USUALLY TAKE A MINIMUM OF 5 DAYS TO PROCESS. DO NOT CALL OUR OFFICE TO CHECK STATUS OR TO "EXPEDITE IT" AS IT WILL ONLY DELAY YOUR REQUEST AS WELL AS OTHERS.**

DCECD USE ONLY BELOW

NAME: _____ PHONE: _____ - _____ - _____
(Last) (First)
Address Assigned: _____
(Number) (Street) (City) (Zip)
Address Assigned Date: ____/____/____ Assigned By _____