



Decatur County Emergency Communications District

21 S South St.
Decaturville TN. 38329
Ph: 731-852-3911
Fax: 731-852-3914
Email: decaturcounty911@gmail.com

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: _____

Flood plain? YES ____ NO ____ If YES see EMA/Flood plain office for permit. 403 W Highland St.
Decaturville TN. Phone # 731-852-2131 opt 7 then opt 4 Before address can be issued.
Permit # _____ Date Issued: ____/____/____.
Address NOT Valid unless accompanied by permit.

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

NOTES TO RESIDENT:

1. You must also submit an accurate map or 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

Address Assigned: _____
(Number) (Street) (City) (Zip)

Address Assigned Date: ____/____/____ Assigned By _____