

Please Select One  ☐ New Address
☐ Verify Existing

## ADDRESS REQUEST/VERIFICATION FORM

Property owner's name:	Address to ve	erify:
Contact number:	Email:	
Name of person requesting add	ress:	
Contact number:	Email:	
Relationship to owner:	Agency Nam	e:
Parcel number: 05 Parcel # lookup: https://bit.ly/39il	PMT3 (Click link to Revenue Commission	PPIN:map if you don't know your #'s.)
X,Y coordinates for the structure requ Latitude: Longitude: Please attach a map or provide a d	ie. 30.562217 N ie -87.730353 W escription of the house placement and d	riveway location in the box
address for your location.  Example:  McAuliffe Dr	*Please mark footage from the center of the d to the closest property line or driveway entrar	riveway (or proposed driveway)

Email form back to addressing@baldwin911.org