



**CITY OF CLEVELAND - DEVELOPMENT SERVICES DEPARTMENT
9-1-1 ADDRESSING REQUEST FORM**

All applications can be emailed to permits@cleveland.texas.gov
*Property ID's are required for all applications.

Applicant (person completing form):

Name: _____ Contact # _____
Email Address: _____ Renting/Leasing? Yes No

Property Owner Information

Name: _____ Contact # _____
Email Address: _____ Previous Owner Name: _____
Current Address: _____ City _____ State _____ Zip _____

Property Information

Property ID (required): _____ (select one) Commercial Residential
Subdivision: _____ Block: _____ Lot: _____ Section: _____
Driveway Location: (name of road/street you enter your property): _____
Nearest Intersection (your street intersects which other street): _____
Which side of the road is your property located (turning on street from nearest intersection): Left Right
Additional Lots: _____ Additional Property IDs: _____

Location (these details are important for emergency services, please fill out completely)

Nearest Intersection (facing your property): _____
Address and Name of nearest neighbor: _____
Is this neighbor to the left or right of you? (facing your property) Left Right
Do you get to their location before or after your site? Before After
What is the distance from your driveway to the nearest neighbor's driveway? _____ Feet _____ Miles
Description of Residence: Raw Land House Manufactured Home

Reason for Addressing: _____

Office Use Only

Date Received: _____ Date Completed: _____ Staff: _____
Address Assigned: _____ Issued Letter Y N
Verified: _____ By: _____ Date: _____ Req Letter: _____
PCT: Flood Plain: Y N Panel # _____ Receipt # _____
Tele Co Eastex AT&T Oth Elect Co _____ SHECO _____ Entergy _____
Confirmed with: _____ PO/FMP Other: _____ Date: _____