



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-393-0251

Addressing Verification Request

Accepted By: _____

Date Stamp: _____

APPLICANT INFORMATION:

Name: _____ Company: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

OWNER INFORMATION:

Name: _____ Company: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

KEY CONTACT INFORMATION (The letter will be addressed to the Key Contact):

Name: _____ Company: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

PROPERTY INFORMATION:

The applicant is required to submit sufficient information that adequately describes the location of the property on which the request is made.

Property Location: _____

Property Legal Description: _____

Does property currently have an address? Yes No; If Yes, Address: _____

Lots: _____ Acreage: _____

Tax ID # of subject property: R # _____ Geo ID#: _____

Tax ID # of subject property: R # _____ Geo ID#: _____

Tax ID # of subject property: R # _____ Geo ID#: _____