



Date Stamp: \_\_\_\_\_

**CITY OF DECATUR, TEXAS**

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

<p align="center"><b>Addressing Assignment Request</b></p> <p>Accepted By: _____</p> <p>Addressing Assignment: _____</p> <p>If Re-Assignment, Former Address: _____</p>
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**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#: \_\_\_\_\_

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