



Bates County Sheriff's Office

Chad Anderson, Sheriff

6 West Ft. Scott Street
Butler, Mo 64730

Phone 660-679-3232

Fax 660-679-4147

E-911 ADDRESS REQUEST FORM

This information is for Enhanced 911, U.S. Postal Services and Bates County Tax Office only. **PLEASE NOTIFY YOUR POST OFFICE OF YOUR NEW ADDRESS IMMEDIATELY.** Begin using your new address immediately. Please display this address number, with a minimum of 4" numbers, on your home and a minimum of 4" numbers on your mailbox. Persons living more than 120 feet off the road should post these numbers on a sign at the driveway.

Please make sure there is at least a marked & dedicated driveway location before you request an address on a new build

Date: _____

*Property Owner: _____ *Phone: _____ Cell: _____

*Resident Name: _____ Phone: _____ Cell: _____
(If different from Property owner)

***STRUCTURE TO BE LOCATED AT:**

Road Name: _____ Parcel Number from Plat: _____

***New Address Request For**

(Check One)

- Residential
- Business
- Church
- School
- RV/Camper
- Other (List)

(Check One)

- On the road
- Visible from road
- Not visible from Road

(Check One)

- Block
- Brick
- Frame
- Log
- Modular
- Stone

(Check One)

- New Structure
- Existing Structure

Special Instructions to locate structure: _____

WHO IS YOUR LOT LOCATED NEAR? (address lookup at <http://www.batescogis.com/>)

***Addresses of Nearest Neighbors:**

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

**If home description changes at any time, please notify our office immediately. Help us help you in your time of emergency by having correct information on file with our office.

Please check if any of the following conditions apply to anyone in your household:

- Bedridden
- Blind
- Life Support
- Wheel Chair
- TDD In Use

***INDUSTRY ONLY:** If there are hazardous materials on the premises, have these been filed with the local Fire Department and/or Emergency Management? Yes No (If not, please file with local Fire Department and/or Emergency Management)

The address shown below is your new E-911 address:

#	Prefix (N,S,E,W)	Street Name	Suffix	Location (Apt/Bldg/Suite/Unit)	City
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NOTE: FAILURE TO INCLUDE PREFIX, SUFFIX & LOCATION MAY RESULT IN MAIL BEING DELAYED.

*REQUIRED INFORMATION