



**HAMPTON COUNTY  
E911 ADDRESS REQUEST FORM  
REQUESTER INFORMATION:**



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

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Purpose of Address Request: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**BUILDING/ADDRESSING DEPARTMENT USE ONLY:**

Date Application Received: \_\_\_\_\_

Received from: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Department Representative: \_\_\_\_\_

**NEW ADDRESS INFORMATION:**

**The assignment of this address allows for use as physical and mailing (if applicable), home deliveries, obtaining appropriate permits, utilities, etc.**

E911 Address Assigned: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Representative Assigning Address: \_\_\_\_\_  
\_\_\_\_\_

Date assigned: \_\_\_\_\_

\*\*\*\*\*A COPY OF THIS FORM WILL BE PROVIDED TO THE FOLLOWING:

\_\_\_\_\_ CUSTOMER  
\_\_\_\_\_ ASSESSOR'S OFFICE (803-914-2090)  
\_\_\_\_\_ E911 OFFICE (803-914-2169)

\_\_\_\_\_ GIS TECHNICIAN  
\_\_\_\_\_ BUILDING DEPARTMENT (803-914-2127)  
\_\_\_\_\_ Municipality (If applicable)