



**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

GIS TECHNICIAN

ASSESSOR'S OFFICE (803-914-2090)

BUILDING DEPARTMENT (803-914-2127)

E911 OFFICE (803-914-2169)

Municipality (If applicable)