

9-1-1 ADDRESSING SUBDIVISION/ROAD NAME VERIFICATION

Name of Proposed Subdivision: _____

Developer Name: _____

Address: _____

Phone (Office): _____ (Cell): _____

Fax: _____ E-mail: _____

Road Names

Length in Linear Ft.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Submitted by: _____

Date: _____

Printed Name

Signature

(DO NOT WRITE BELOW THIS LINE)

Approved by: _____

Date: _____

Atascosa County 911 Addressing

ESN: _____

911 Addresses will be issued upon presentation of approved and filed Final Plat.