

ADDRESS VERIFICATION REQUEST
St. Clair County Emergency Telephone System Board
9-1-1 COORDINATOR'S OFFICE
101 South 1st.ST.
BELLEVILLE, IL 62220

Phone: 618-277-7316 Fax: 618-277-7668

To receive an address verification for property within St. Clair County, please provide the following information and return this form by fax or by mail to the address listed above. It will take approximately 2 weeks for an address verification. You will be notified by mail or by fax (if requested) of the address verification.

Information of Person Submitting Request

Name: _____

Current Addr: _____

City, State, Zip: _____

Phone Numbers: day: _____ fax: _____

Information of Property in Question

Parcel ID # ____-____.0-____-____ (example: 01-01.0-100-001)

This number can be found on your St. Clair County tax statement.

Property Owner: _____

Subdivision Name: _____ LOT # _____

Address in question: Number & Street Name: _____

City, Zip: _____

Other addresses given for same property? _____

A sketch of the property indicating the location of the structure and the addresses of the closest properties on both sides of the structure will help to expedite this process. You may use the reverse side of the application for your sketch. Failure to provide any of the above requested information could cause a delay in the address verification process.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

Correct address _____

City, Zip: _____

ESN _____ Date notified: Ltr: _____ Fax: _____