



WILL COUNTY EMERGENCY TELEPHONE SYSTEM

**VERIFICATION OF ADDRESS
REQUEST FORM**

Email to: addressing@willcounty911.gov

Questions? call: 779.379.9911



*DATE: _____

*PIN (Parcel Identification Number/Tax ID): _____

*APPLICANT'S NAME: _____

OWNER'S NAME (if other than applicant): _____

*APPLICANT'S PHONE #: _____ OWNER'S PHONE #: _____

*ADDRESS TO BE VERIFIED: _____

I will pick up Please mail Please **E-mail** Fax #: _____

Email address: _____

REASON FOR VERIFICATION: _____

*** REQUIRED information**

----- **FOR OFFICE USE ONLY** -----

ADDRESS: _____

POSTAL CITY: _____ ZIP CODE: _____

DATE ADDRESS ASSIGNED / PROCESSED: _____ BY: _____