

Request or Change Address Application

Request of change Address Application					
Property Owner					
Name:	Contact Phone	Contact Phone #			
Address:Cit	y:	Zip Code:			
Name of Business:					
Email:					
Person Making	the Request				
Name:	Contact Phone	Contact Phone #			
Name: (If different than property owner)					
Address: Cit	y:	Zip Code:			
Email:					
Is the person making the request a resident of the prop	oerty? 🗌 Yes 🗌 No				
Purpose of the	ne Request				
Miscella	neous				
Type of Request	County	Property ID #			
Existing Property Land Only	Gregg Rusk				
New Structure					
Name of Road, Street, Highway:					
Nearest Neighbors Address:					
Nearest Intersection to the Property:					
Notificat	ions				
The City of Kilgore will notify the following Departments or Busines 1. 911–Emergency 2. Kilgore Water Billing Department 3. USPS-United States Postal Service	(AEP, Centerpoint Energy	Please make sure you notify all other utilities Companies (AEP, Centerpoint Energy etc.) or Billing Companies (credit cards, mortgage companies, etc.)			
 4 Gregg or Rusk County Appraisal 5. City of Kilgore Fire Marshal's Office 6. City of Kilgore Building Inspection Department 	Office Use Only:	Office Use Only:			
If you have any questions, please call the Kilgore Planning Department at 903-988-4113 or email carol.windham@cityofkilgore.com It may take up to 2-3 business days to assign an address					

(Print) Name of Applicant:			
Signature:	Date:	/	/