



**Alachua County Fire Rescue**  
**9-1-1 Communications Section**  
 PO Box 5038, Gainesville, FL 32627  
 Telephone: (352) 338-7361 Fax: (352) 374-5298 Email: [E911Addressing@alachuacounty.us](mailto:E911Addressing@alachuacounty.us)

**9-1-1 ADDRESS REQUEST FORM – CITY OF GAINESVILLE**

Address requests are processed **AFTER** the City of Gainesville Planning/Building Department has verified that the property may receive an address. Once you have completed the below information, submit the form to [cogplanning@cityofgainesville.org](mailto:cogplanning@cityofgainesville.org). Should you have questions or require additional assistance, contact the 9-1-1 Office between the hours of 7:00 a.m. and 5:00 p.m., Monday thru Thursday.

Date of Request: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Requestors Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Type of address to be assigned (Circle One):

Residential or Commercial or Utility or Other

Existing address on the parcel? (Circle): Yes or No

If yes, Address: \_\_\_\_\_

**Attach site plan or provide a sketch to show:**

1. Site sketch or site plan
2. Location of structure to be addressed within parcel
3. If applicable, location of other addressed structures on the property
4. Location and name of roadway that property is accessed by
5. Location of driveway from roadway to The structure

Additional applicant comments:


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**\*Prior to receiving an address the City of Gainesville must approve the request.**

**Internal Use Only:** Planning/Building Department approval. Date: \_\_\_\_\_ Approved by: \_\_\_\_\_