

Karnes County

210 W Calvert Ave. Suite 155
Karnes City, Texas 78118

9-1-1 ADDRESS APPLICATION

karnescounty911@co.karnes.tx.us
830-780-3511 OR 830-399-9741



State of Texas - County of Karnes- Application Number _____

Date requested: _____ Email Address (Printed) _____

1. Name of Owner: _____

Owner Mailing Address: _____

City _____ State: _____ Zip: _____

Owner Phone #: _____
Cell Phone # Land line Phone #

Contact Name & Phone #: _____
Name (Person filling out form) Phone #

2. Location of Property (complete as appropriate)

- Location Description (Attach a vicinity MAP with GPS X,Y Coordinates)

Road Name or # : _____
Example (County Road, Private Road, State Highway, etc. and Number

- If located in a Subdivision:

Name of Subdivision Section No. Block No. Lot. No.

- If NOT located in Subdivison:

Name and No. of Survey/Abstract Acreage

Nature of Proposed Address (Check and complete as appropriate)

() Residential () Non-Residential () Other () Premise ID

3. Description of Property

- () New Construction () Substantial Improvement to Existing Structure
() House () Mobil Home () Non-Residential _____
() Commercial _____ Specify
Name and Type of Business
() Other _____

FOR USE BY KARNES COUNTY TEXAS ADMINISTRATOR

Date of site visit/Address: _____

Road Name: _____

Property Description:(Y) _____ (X) _____

Even = Right _____ Odd = Left _____ ESN _____ Community _____ Zip _____