

TALIAFERRO COUNTY SHERIFF'S OFFICE
758 Warrenton Road SE
P.O. Box 97
Crawfordville, Georgia 30631
Office: 706-456-2345
Fax: 706-456-2347

E911 ADDRESS VERIFICATION/UPDATE FORM

NEW INSTALL/UPDATE

Account Name:		Telephone Number:	
Physical Street Address:			
Address Type:	<input type="checkbox"/> Residence	<input type="checkbox"/> House	<input type="checkbox"/> Business
		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Commercial Location
			<input type="checkbox"/> Home Office
Are There Any Off Premise Extensions?	<input type="checkbox"/> YES	OPX Location#1:	
	<input type="checkbox"/> NO	OPX Location#2:	
Additional Telephone Numbers at Address:	<input type="checkbox"/> YES	Telephone#:	
	<input type="checkbox"/> NO	Telephone#:	
Alternate Contact Numbers:	<input type="checkbox"/> YES	Mobile:	
	<input type="checkbox"/> NO	Other:	
Are There Any Authorized Key Holder's for Residence/Business?	<input type="checkbox"/> YES	Key Holder Name:	
	<input type="checkbox"/> NO	Contact Number:	

NUMBER CHANGE

Account Name:			
Physical Street Address:			
Previous Telephone Number		New Telephone Number	
Alternate Contact Numbers:	<input type="checkbox"/> YES	Mobile:	
	<input type="checkbox"/> NO	Other:	

NAME CHANGE

Previous Account Name:		Telephone Number:	
Physical Street Address:			
New Name on Account:			
Alternate Contact Numbers:	<input type="checkbox"/> YES	Mobile:	
	<input type="checkbox"/> NO	Other:	

MOVE

Account Name:		Telephone Number:	
Previous Physical Street Address:			
New Physical Street Address:			
Are There Any Off Premise Extensions?	<input type="checkbox"/> YES	OPX Location#1:	
	<input type="checkbox"/> NO	OPX Location#2:	
Additional Telephone Numbers at Address:	<input type="checkbox"/> YES	Telephone#:	
	<input type="checkbox"/> NO	Telephone#:	
Alternate Contact Numbers:	<input type="checkbox"/> YES	Mobile:	
	<input type="checkbox"/> NO	Other:	
Are There Any Authorized Key Holder's for Residence/Business?	<input type="checkbox"/> YES	Key Holder Name:	
	<input type="checkbox"/> NO	Contact Number:	

DELETE

Account Name:		Telephone Number:	
Physical Street Address:			

The undersigned agrees that the above information is correct and understands that it shall be their responsibility to deliver this form to the Taliaferro County Sheriff's Office.

Date

Signature of Applicant