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

Account Name:	UPDATE						
Physical Street Ac	ldress:				Telephone N	umber:	*
	ddress.	☐ House				T = -	
Address Type:	\square Residence				□ Business		rcial Location
	L	☐ Mobile	☐ Mobile Home			☐ Home C	Office
Are There Any Off Premise Extensions?			□ YES	OPX Location#1: OPX Location#2:			
			□NO				
Additional Telephone Numbers at Address:			□ YES □ NO	Telephone#:		a (
				Telephone#:			
Alternate Contact Numbers:			□ YES □ NO	Mobile: Other:			
Are There Any Authorized Key Holder's for Residence/Business?			□ YES	Key Holder Name: Contact Number:			
			□NO				
☐ NUMBER CHAN	GE						
Account Nam		34.00					
Physical Street Ad				1	,		
Previous Telephone	Number			New Telephon	e Number		
A 1+ a a+	Alternation Control of the Control o			Mobil			
Alternat	Alternate Contact Numbers:			Other			
□ NAME CHANGE			□NO	0 11101	·	*	700000000000000000000000000000000000000
Previous Account					Telephone Nu	mah am	
Physical Street Ad					1 cicphone 14t	illibel.	
New Name on Acc							*
414	G		□YES	Mobile	e.		
Alternate Contact Numbers:			□NO	Other			
□MOVE			3110	Other			
Account Name:					Tolomban - No		
Previous Physical S	Street Address:				Telephone Nu	imber:	
New Physical Str							
Are There Any Off Premise Extensions?		□ YES	OPX Location#1: OPX Location#2: Telephone#:				
		□NO					
Additional Talanham N. J.					□ YES ·		
Additional Telephone Numbers at Address:			□NO	Telephon			
Altomate Control N			□ YES	Mobile			
Alternate Contact Numbers:			□NO	Other			
Ara Thora Arry Anthonia d IV II 11 11 C							
Are There Any Authorized Key Holder's for Residence/Business?			□YES	Key Holder	Name:		
			□NO	Contact Nu	mber:		
□ DELETE	W		991				
Account Name:					Telephone Nu	mber:	
Physical Street	Address:				Total Passage - 14		
The undersigned agree the Taliaferro County	es that the above in Sheriff's Office.	ıformation i	s correct and und	lerstands that it	shall be their	responsibili	ty to deliver this form to
Date					5 II	•5	**
Signature of Applican	t						