

ADDRESS INQUIRY

INQUIRY RECEIVER: _____

DATE: _____

TYPE OF REQUEST: WALK-IN/TELEPHONE

TIME: _____ A.M/P.M.

POST OFFICE: _____

ESN: _____

NEW: _____

UPDATE: _____

RESIDENT NAME: _____

CURRENT ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER & HOW IT'S LISTED: _____

NAME OF STREET FRONT DOOR FACES: _____

SUBDIVISION/MHP NAME: _____ LOT #: _____

NAME & ADDRESS ON NEXT DOOR/ACROSS THE STREET NEIGHBORS: _____

NAME OF PREVIOUS OCCUPANT (IF ANY): _____

ADDRESS NEEDED FOR NEW TELEPHONE SERVICE: YES or NO CENSUS: _____

TAX MAP IDENTIFICATION NO.: _____

MOBILE HOME/NEW CONSTRUCTION PERMIT NO.: _____

SEPTIC TANK PERMIT NO. (DHEC): _____

NAME OF PROPERTY OWNER: _____

I CERTIFY THE ABOVE INFORMATION TO BE TRUE.

RESIDENT SIGNATURE: _____

BY (if other than resident): _____

SIGNATURE

PRINT NAME

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NEW STREET ADDRESS: _____

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_____ NTAS
_____ ACCESS
_____ TAX ASSESSOR

_____ POST OFFICE
_____ MASTER ADDRESS