



HOLMES COUNTY SHERIFF'S OFFICE E911 MAPPING AND ADDRESSING



Please complete and either drop this application off at the Holmes County Emergency Management located at 1001 E Highway 90, Bonifay, FL 32425, email to 911apps@holmessos.org, or fax to (850) 547-7002.

Please attach a copy of your driver's license, copy of your deed or other document showing ownership or authorization with the parcel number/ID listed, the land development approval letter from the building department. There is an application fee of \$20 (cash or check – made out to Holmes County Sheriff's Office)

We address based off how the property is accessed – where the driveway is going to be placed. To help expedite your request, you can include a site survey and/or print a map of your parcel from www.qpublic.net/fl/holmes and indicate where your driveway and structure will be placed. If these are not an option we ask that you place a flag at the driveway location so that we can go out and verify its location.

E911 ADDRESS APPLICATION

Your application is important to us and should be completed within 10 business days. Please provide the most accurate information below to help speed up your application process. If you have any questions, please call (850) 547-1112.

Resident's Name: _____ Date: _____

Resident's Current Mailing Address: _____

Parcel Number/ID: _____

Contact Phone: _____ E-mail: _____

Type of Structure: (Frame House) (SW Mobile Home) (DW Mobile Home) (Travel Trailer) (Pole Barn) (Other _____)

Closest Address Near Your Drive: _____

Road Name that the Driveway is off of: _____

Will You Be Receiving Mail Here: _____

Check One: ☐ (Full Time Residence) ☐ (Part Time Residence) ☐ (Rental Property) ☐ (Other _____)

Signature of Applicant: _____

Once the application has been processed, you will be contacted as soon as possible.

NOTE: Your address numbers must be placed on your structure or at your driveway (if your structure is more than 75 feet from the road) with 3 inch or larger numbers within 30 days of this application.

OFFICIAL USE ONLY

FEE PAID: Y ☐ N ☐ INITIAL: _____ RECEIPT# _____ DATE: _____