ANDREW COUNTY ADDRESS REQUEST FORM
P.O. Box 162, Savannah, Missouri 64485                     911coordinator@andrewcountymo.gov
Office Number:  816. 273.7046

Landowner Name___________________________ Date _____________________

Email____________________________________ Phone Number______________________

Location of where an address is needed such as road name, neighbor’s addresses, or any other information that would assist in locating the property that is needing addressed. All 911 addresses are addressed from where the driveway will enter onto the road. A site for driveway must be determined before an address can be assigned.

_____________________________________________________________________________________________
_____________________________________________________________________________________________

PLEASE CHECK ALL THAT APPLY

________ NEW STRUCTURE                     ______ EXISTING STRUCTURE

______ Structure will be/ is on LESS than 3 acres

________ I have contacted the Andrew County Health Department regarding a septic system permit.

______ Structure will be/ is on MORE than 3 acres.

______ Structure will be/is on MORE than 3 acres with more than one residence on property.

________ COMMERCIAL STRUCTURE

________ I have contacted the Andrew County Health Department regarding a septic system permit.

ALL STATE HIGHWAY ADDRESS REQUESTS MUST SUBMIT MODOT DRIVEWAY PERMIT EVEN IF IT IS AN EXISTING BUILDING. A WRITTEN PERMIT FROM MODOT IS REQUIRED BEFORE AN ADDRESS CAN BE ASSIGNED.

REGARDLESS OF ACREAGE, ALL SEWAGE SYSTEMS MUST BE INSTALLED BY A MISSOURI STATE REGISTERED INSTALLER UNLESS INSTALLED BY THE INDIVIDUAL HOMEOWNER. FOR A LIST OF REGISTERED INSTALLERS TO TO https://health.mo.gov/living/environment/onsite/counties/index.php

The entire process of receiving an address may take up to 7 business days.

When do you plan on structure to be completed?______________________________________________________________

Landowner Signature_____________________________________ Date________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Address Assigned___________________________________________________________

_____________________________________________________________________________________________

ACHD Permit__________Assessor notified________ Post Office Notifed_______ On File with 911 System__________