



**BRAZORIA COUNTY
ADDRESS VERIFICATION REQUEST**

Request form must be filled out in its entirety in order to be reviewed for verification. Please submit the completed form to engineer-addressing@brazoriacountytx.gov.

APPLICANT INFORMATION:

Name of Applicant: _____

Company (if applicable): _____

Phone Number: _____ Email: _____

Reason for request: _____

PROPERTY INFORMATION:

Brazoria County Appraisal District ID Number: _____

(THIS INFORMATION CAN BE FOUND AT www.brazoriacad.org)

Verification Address: _____

Historical or Previous Address, if verification request is for an address that has been changed: _____

Owner Name (if different from applicant): _____

Applicant Signature: _____ Date: _____

Printed Name: _____

OFFICE USE ONLY	RECEIVED: _____ BY: _____

