



## MSAG ROAD ADD/CHANGE REQUEST

☐ INSERT☐ CHANGE☐ DELETE

CITY/COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

### EXISTING STREET NAME:

DIRECTIONAL	STREET NAME	SUFFIX
_____	_____	_____

### NEW STREET NAME:

DIRECTIONAL	STREET NAME	SUFFIX
_____	_____	_____

### COMMUNITY:

\_\_\_\_\_

### EXISTING ADDRESS RANGE:

LOW RANGE	HIGH RANGE	O/E/B	ESN
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

### NEW ADDRESS RANGE/CHANGE:

LOW RANGE	HIGH RANGE	O/E/B	ESN
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

REMARKS: \_\_\_\_\_

\_\_\_\_\_

### PLEASE ATTACH SUPPORTING DOCUMENTS AND MAPS WITH LEGAL DESCRIPTION

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MSAG CONTACT SIGNATURE: \_\_\_\_\_