



911 VERIFICATION AND RELEASE PERMIT

P.O. Box 808

Centerville, TX 75833

Office (903) 536-3158 Fax (903) 536-1021

Email: Permits@co.leon.tx.us

Name of Owner: _____ Phone: _____

Mailing Address: _____ City & Zip: _____

Name of Applicant: _____ Phone: _____

Relationship to Owner: _____

Mailing Address: _____ City & Zip: _____

Leon County 911 Address: _____

This electrical connection will serve: (Please check all that apply)

____ Existing Residence ____ New Construction ____ Other (Please describe) _____

(Please check electric provider and enter Account or ESI Number)

☐ Oncor # (ESI) _____

☐ Navasota Valley Electric Coop # _____

☐ Houston County Electric Coop # _____

☐ Entergy # _____

Name on Electrical Billing Account: _____

PLEASE READ!

\$30.00 fee due at time of application.

I, _____ as owner or applicant having authority to act on behalf of the owner, understand in the process of applying, I am stating that I will install an electrical service in compliance with current state and county regulations that will meet their inspection guidelines. My valid, correct 911 address is _____. By checking the box provided, the statements and

information contained herein are true and correct to the best of my knowledge and belief. []

_____ or _____

Signature of Owner or Applicant

FOR OFFICE USE ONLY:

☐ Oncor ☐ Navasota Valley Electric Coop ☐ Houston County Coop ☐ Entergy

CONF# _____ DATE ISSUED: _____ ISSUED BY: _____

CASH/CHECK NO: _____ DATE PAID: _____ RECEIPT # _____

Floodplain Determination: [] NO SFHA [] Partial Flood Zone [] FLOOD ZONE