



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

Revision Date 10/28/2019