

DATE: \_\_\_\_\_

**ADDRESS REQUEST FORM**

**Office of Emergency Services Only**

ESN# \_\_\_\_\_

FIELD DATE: \_\_\_\_\_

NEW 911 # \_\_\_\_\_

911 STRUCTURE POINT: \_\_\_\_\_

ST. / RD. \_\_\_\_\_

NOTIFIED REQUESTOR DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RPS LIST: \_\_\_\_\_

**Requestor needs to fill this section**

REQUESTOR: \_\_\_\_\_

TOWN OF: \_\_\_\_\_

VILLAGE/CITY: \_\_\_\_\_

PROPERTY LOCATION (TAX MAP ID NUMBER): \_\_\_\_\_

PREVIOUS LAND OWNER: \_\_\_\_\_

ROAD / STREET: \_\_\_\_\_

NEAREST NEIGHBOR'S # \_\_\_\_\_

BUILDING DESCR: \_\_\_\_\_

FOUNDATION (SLAB OR HOLE DUG?): \_\_\_\_\_

Type = SMH;DSMH,Modular, House / Color

Must be in process or completed to issue address!

SMH (Single Section Mobile Home); DSMH (Double Section Mobile Home)

CURR. LAND OWNER: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_

PRESENT MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE / MESSAGE#: \_\_\_\_\_

DAY TIME #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Information that will assist in identifying the structure to be numbered**

ADDITIONAL NOTES: