

DATE: _____

CLINTON COUNTY 9-1-1 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?): Yes No

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: