

Fee: \$25.00

OFFICIAL USE ONLY	911 ADDRESS:	MAP/LOT#
-------------------	--------------	----------

TOWN OF WASHINGTON APPLICATION FOR 911 ADDRESS

OWNER (Please print or type all information; document is two-sided)

Name: _____

Company: _____

Mailing Address: _____

City/State/ZIP: _____

Home phone (include area code): _____

Work phone (include area code): _____

Property Deed Registered in _____ County. Book/Page # _____

Tax Map/Lot # _____

LOCATION INFORMATION

The road/way to my location serves:

- my location ONLY
- other locations (including other undeveloped properties)

If the road/way serves more than one property:

- Its official Town of Washington name is: _____
- No official Town of Washington name has been adopted.
- I am proposing a name for an unnamed road/way. (*Note: All new road names must be approved at Washington Town Meeting.*) Names of other property owners who also will use the road/way:

The road/way runs off (Ex. Augusta Road/Route 17) _____

The nearest numbered location is: _____

and is located on the same/opposite (*circle one*) side as my location. It is approximately _____

feet from my road/way to the nearest numbered location.

TYPE OF DEVELOPMENT

- Existing
- Residential
- Industrial
- Proposed
- Commercial
- Mineral Extraction

If a business, please list the name associated with the location. _____

Note: Every owner of an improved property shall, within thirty (30) days of this notification, or within thirty (30) days of new habitation, display and maintain in a conspicuous place on the property the number assigned, displayed in numeral form no less than 3 inches in height in a contrasting color from the background. Assigned numbers shall be posted near the principal entrance to the property and in a manner as to be legible from the road on which the property is located. Owners of buildings that are not visible from the road shall place the assigned number on a post or mailbox at the entrance to the property.

I certify that I have read and understand this form and that all of the information on this application is true and correct.

(Please sign in blue ink)

APPLICANT SIGNATURE: _____

DATE: _____

SUBMIT VIA EMAIL

OFFICIAL USE ONLY	Date received _____	Received by _____
-------------------	---------------------	-------------------

Address granted: _____

Address pending Town Meeting approval.

Proposed name on warrant: _____

Rejected; date and initials _____

Approved; date _____

911 Administrator signature: _____

Date _____