

Town of Whitefield

36 Townhouse Road Whitefield, Me 04353 207-549-5175

Fax: 207-549-3231

E911 Address Request Form

			_			
Name of Requestor:						
Current Mailing Addre	ss:					
Phone #						
Map/Lot #	# of Acres:		res:			
Is this a portion of a curr	ent Map and Lot: (circle one)	YES	NO			
Location (Road Name):						
How long have you ow	ned the property?		_			
_	sed after April 1st of current ye	ar, who did	you purchase th	e property from?		
Are there any existing	buildings on Property? (ci	rcle one)	YES	NO		
Is there a Driveway on	Property? (circle one)	YES	NO			
The Driveway MUSTO Owners Name on Stakes!	<u>Γ be Clearly Staked o</u>	<u>ut on bot</u>	h sides with	Surveyor Ribbon and	d	
House # before:	Ног	ıse # after:				
Telephone Pole # Clos	est to the driveway entrand	ce:				
Office Use Only ~ Check & Date once completed		ount #	Ne	Need New Acct # YES or NO		
	If Applicable	: New Map a	and Lot assigned	d:		
New E 911 # assigned:			Mailed to	Mailed to Requestor:		
Copy for Town Office:	Copy Sent to Post Office:		Tr	io:		
Geo Lynx:	If new Road/Lane. Send to Road Committee:		ee.	CVR		