



## Town of Sandisfield 911 Number Application

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY TO OBTAIN A 911 NUMBER. ALL INFORMATION MUST BE PRINTED CLEARLY.**

Applicant's Name (must be property owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of road where property is located: \_\_\_\_\_

Name of the closest intersecting road: \_\_\_\_\_

Is this road Public or Private? Public or Private (please circle one)

From closest intersection, which side of the road is your property: Left or Right (circle one)

Distance in Feet from the Closest Intersecting Road to Proposed/Existing Driveway (as Shown on Driveway Permit) \_\_\_\_\_

Assessor's Map#: \_\_\_\_\_ Lot #: \_\_\_\_\_

Is there a site plan attached indicating where the driveway will be located? Yes or No (circle one)

Is there a copy of the assessor's map indicating location of building lot? Yes or No (circle one)

Is a copy of the Driveway Permit attached? Yes or No (circle one)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

-----\*\*For Town Use\*\*-----

911 Number \_\_\_\_\_ on \_\_\_\_\_ Road.

\_\_\_\_\_  
Date: \_\_\_\_\_

911 Coordinator