

**JACKSON COUNTY E911 DATABASE MANAGEMENT
VILLAGE OF MERRILLAN APPLICATION FOR E911 ADDRESS**

NOTE: This form is NECESSARY for E911 location of your property/structure(s)

**Submit Application to:
Jackson County Zoning and Land Information Department
307 Main Street, Black River Falls, WI 54615 Fax: (715)-284-0238**

TO BE COMPLETED BY APPLICANT

New Applicant's contact information:

Last Name: _____ First Name: _____ MI _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____ - _____ Cell: (____) _____ - _____

Will the new house number be used as your primary mailing address? _____ Yes _____ No

Check all the apply:

- New Residence Change Of Address Additional Residence Business
 Verification of existing Address (Existing address, no home currently on property)
 Communication Tower Carrier _____
 Commercial

Information needed for your new address: (where the building is located?)

Subdivision or development name, if there is one: _____

Street Name: _____

Street name of nearest intersecting Street _____

What side of the street is the new building on North South West East Left Right

Is the building a: constructed building other describe _____

Can your new building be seen from the road? Yes No

Is the building a: private home business other Describe _____

Will you share a driveway with another building Yes No

If you will share a driveway with another building, what is the existing building's E911 address? _____

If you are standing in front of your new building looking toward the road:

The nearest E911 address to your left is: _____

The nearest E911 address to your right is: _____

The nearest E911 address across the road is: _____

Your email address _____ @ _____

Comments or helpful information:



PLEASE NOTE:

-ADDRESSES WILL BE ISSUED ONLY WHEN A COMPLETE PERMIT APPLICATION HAS BEEN APPROVED.

-YOUR ADDRESS IS BASED ON THE INFORMATION YOU PROVIDE TO OUR OFFICE. WE CANNOT ISSUE A PROPER ADDRESS IF THERE IS MISSING OR INCORRECT INFORMATION.

-AN INCORRECT ADDRESS CAN CAUSE DELAYS IN EMERGENCY SERVICE.

-IT IS YOUR RESPONSIBILITY TO OBTAIN A COPY OF YOUR ADDRESS AND HOUSE NUMBERS POSTING REQUIREMENTS WHEN YOUR PERMIT IS ISSUED.

THE INFORMATION I HAVE PROVIDED IN THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ALL INFORMATION DISCLOSED IN THIS APPLICATION.

_____ **DATE:** _____
PROPERTY OWNER'S SIGNATURE

DO NOT WRITE BELOW HERE

<p>Date Received ____/____/____</p> <p>Email [] Fax [] USPS []</p> <p>Other [] _____</p>	<p>Your new E911 address is:</p>	<p>Date Addressed ____/____/____</p> <p>By: _____</p>
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