

RESIDENTIAL ADDRESS APPLICATION

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 St, Black River Falls, WI 54615 Fax: (715) 284-0238**

TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Date _____

Present Mailing Address: _____

_____ City _____ State _____ Zip _____ Home Phone# _____ Work Phone# _____

Will the new fire number be used as your primary mailing address? ____Yes ____No

Location and Type of New Residence/Structure: Town of _____

_____ 1/4 _____ 1/4; Sec. _____, T _____ N, R _____ E / W

Subdivision Name _____ Lot No. _____ Block No. _____

Certified Survey Map # _____ Vol. _____ Pg. _____ Tax Parcel # _____

Proposed Residence will be located on the (circle one):

North South East West of _____
NE NW SE SW (Name of Road, Avenue, Highway)

Type of Structure: _____
(Stick-built Home, Manufactured Home, Mobile Home, Accessory Building, Land Only)

"I, the undersigned applicant, understand that my residential address will be used by local ambulance, fire and law enforcement services to locate my residence in case of an emergency, and by the U.S. Postal Service for the delivery of mail, and when installed, I will maintain the Sign in such a way that it is clearly visible from the public thoroughfare."

Applicant's Signature: _____

FOR COUNTY USE ONLY

911 Coordinator Signature _____ Date _____

Residential Address No. _____ Road/Street Address _____

City/State/Zip _____

Copy Distribution: E-911 Zoning Clerk Applicant Land Information

FOR TOWN USE

Sign Ordered _____ Order Date _____ Ordered By _____

Sign Installed _____ Installation Date _____ Installed By _____

NOTES _____ Paid Yes / No Check # _____ Cash
(Circle the appropriate response)