



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