

TOWN OF LANDAFF

12 CENTER HILL ROAD

LANDAFF, NH 03585

(603) 838-6220

REQUEST FOR 911 NUMBER

APPLICANT: _____ **LANDOWNER:** _____

ADDRESS: _____ **ADDRESS:** _____

TELEPHONE: _____ **TELEPHONE:** _____

LOCATION:

STREET: _____ **MAP/LOT #:** _____

Please make a sketch showing the driveway location and measurements below. (Also, physically mark the location of your driveway with stakes and/or flagging so we can find it in the field).

YOU WILL RECEIVE NOTICE OF YOUR 911 NUMBER WITHIN TWO WEEKS. NEW ROADS or DIFFICULT LOCATIONS MAY TAKE LONGER, ESPECIALLY IF WE NEED TO CONTACT THE STATE BUREAU OF EMERGENCY COMMUNICATIONS MAPPING DIVISION.

APPLICANT SIGNATURE: _____ **DATE:** _____

LANDOWNER SIGNATURE: _____ **DATE:** _____

FOR TOWN USE ONLY

RECEIVED BY: _____ **DATE RECEIVED:** _____

ASSIGNED #: _____ **DATE ASSIGNED:** _____

Notify: Applicant/Owner: _____ Post Office: _____ 911 System: _____