



DICKENSON COUNTY 9-1-1 ADDRESS APPLICATION



Please complete this form and return it to:

DICKENSON COUNTY GIS DEPARTMENT

293 Clintwood Main ST

PO Box 339

Clintwood, VA 24228

PHONE: 276-926-6107 FAX: 276-365-8201

Date: _____

Contact Information: **Please print clearly**

Applicant's Name _____

Current Mailing Address (where the 9-1-1 address assignment letter will be sent):

_____ (street address)

_____ (town/city, state and zip code)

Current Phone Number Home: _____ Work/Cell: _____

Best Time to Contact _____

Property Owner's Name (if different) _____

Contact information for Property Owner (if different) _____

INFORMATION REQUIRED FOR A NEW 911 ADDRESS:

If the structure is or will be located in a town's limits, please specify which town: _____

Does the structure exist currently? Yes _____ No _____

Does the driveway accessing the property exist currently? Yes _____ No _____

Have you filled out a building permit application? Yes _____ No _____

Name of the road the driveway connects with _____

Name of the closest intersecting named road _____

Previous property owner _____

What type of structure (residential, commercial, storage, etc.)? _____

Other notes: _____

Please provide the following information:

Tax Parcel Number: _____

(can be obtained from the Commissioner of the Revenue's Office)

ADDRESSES ARE DETERMINED BY THE LOCATION OF YOUR DRIVEWAY.

*******office use only*******

GPS FIELD DATA COLLECTION:

Date Collected _____/_____/_____

Signature _____

Longitude (X _____ **)**

Latitude(Y _____ **)**

911 Address Assigned: _____