



WILL COUNTY EMERGENCY TELEPHONE SYSTEM
APPLICATION FOR ASSIGNMENT OF ADDRESS NUMBER(S)



Please provide all information below:

DATE: _____

APPLICANT'S NAME _____

PROPERTY OWNER'S NAME _____

OWNER'S PRESENT ADDRESS _____

APPLICANT'S PHONE _____

OWNER'S PHONE _____

LAND USE/ZONING: _____

_____ I will pick up _____ Please mail _____ Fax to _____

NEW ADDRESS IS FOR: _____ Single Family _____ Mobile Home _____ Duplex _____ Triplex

_____ Commercial (type of business) _____ Other _____

THE INFORMATION BELOW IS FOR NEW DEVELOPMENTS ONLY

_____ New Subdivision _____ Subdivision Name _____ Number of Lots

_____ County Road(s) _____ Private Road(s) _____ City Road(s) _____ Township Road(s)

DRIVING DIRECTIONS TO NEW ADDRESS – ATTACH PROPERTY DEED AND SITE PLAN (REQUIRED)

PROPERTY TAX NUMBER / PIN

APPLICANT SIGNATURE

----- FOR OFFICE USE ONLY -----

ADDRESS ASSIGNED: _____

POSTAL CITY: _____ ZIP CODE: _____

DATE ADDRESS ASSIGNED / PROCESSED: _____ BY: _____