



# DICKENSON COUNTY 9-1-1 ADDRESS APPLICATION



Please complete this form and return it to:

DICKENSON COUNTY GIS DEPARTMENT  
293 Clintwood Main ST  
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:** \_\_\_\_\_