



## TOWN OF KENNEBUNKPORT, MAINE

### REQUEST FOR NEW 911 ADDRESS

(Please return form to Code Enforcement Office)

Date \_\_\_\_\_

Private Road ☐

Public Road ☐

Zone \_\_\_\_\_

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Property Owner/Applicant \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

**Project Location:** (Attach Plot Plan showing streets and site location)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner /Applicant

\_\_\_\_\_  
Date

.....

#### FOR STAFF USE ONLY

Address assigned \_\_\_\_\_

\_\_\_\_\_  
911 Addressing Officer

\_\_\_\_\_  
Date