

## TOWN OF KENNEBUNKPORT, MAINE $^{\prime}$ \_ <code>INCORPORATED 1653 $^{\prime}$ </code>

**REQUEST FOR 911 ADDRESS** (PLEASE RETURN FORM TO ASSESSING DEPARTMENT)

Date	Private Road $\Box$	Public Road $\Box$	
Map Block Lot _			
Property Owner/Applicant			
Phone			
Current Mailing Address:		_	
Project Location: Foundation needs be in at time address will be assigned without			y marked. No
Owner /Applicant	Date		
FOR STAFF USE ONLY			
Address assigned			
911 Addressing Officer		Date	
☐ UPDATE ASSESSING DATABASE ☐ UPDATE GIS/911 DATABASE	HOMEOWNER NOTIF	FIED VIA LETTERCE & TOWN DEPTS NOTIFIED_	(Date) (Date)