

Addressing Officer
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207-790-3967



EMERGENCY 911 / ADDRESS APPLICATION

OWNERS NAME: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL: _____

APPLICANTS NAME: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL: _____

LOCATION OF PROPERTY: _____

MAP: _____ LOT: _____

PROPOSED USE OF PROPERTY:

DWELLING: _____ GARAGE: _____

BUSINESS: _____ BARN: _____

WOOD LOT: _____ OTHER: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

ADDRESS APPROVAL

ADDRESSING OFFICER: _____ DATE: _____

ADDRESS ASSIGNED: _____

OFFICE USE: \$50.00 ENTRANCE FEE PAID: _____