GREENE COUNTY DEPARTMENT OF EMERGENCY SERVICES

9-1-1 ADDRESSING OFFICE

GREENE COUNTY EMERGENCY SERVICES IS THE AGENCY RESPONSIBLE FOR ISSUING ALL ADDRESSES WITHIN GREENE COUNTY

*****APPLICANT IS RESPONSIBLE FOR SUBMITTING FORM DIRECTLY TO 9-1-1 ADDRESS OFFICE*****

Office Phone: (518) 622-2739 **Fax: (518) 622-0572**
25 Volunteer Dr., Cairo, NY 12413 **hdolan@gc911eoc.com**

TO BE FILLED IN OUT BY PERSON(S) REQUESTING NEW ADDRESS
(PLEASE PRINT CLEARLY)

Contact Person_____ **Date** _____

Business Name (if applicable) _____

Current Mailing Address: _____

_____

Phone #:_____**Type (h) (w) (c) Alternate #:** _____

1. **Address request for** **( ) New Construction** **( ) Resale**
   ( ) Sub-Division **( ) Other** _____
2. **Real Property Tax Parcel ID #** _____ . _____ -- _____ -- _____
   (section) **(block)** **(lot)**
3. **Property located in Town or Village (circle one) of** _____
4. **Parcel Old Address :** _____
5. **Former Owner of Parcel or Structure :**_____
6. **New Owner of Parcel or Structure :** _____

Please Attach a Drawing or Plan(s) Showing Actual DRIVEWAY LOCATION

*****TO BE COMPLETED BY 9-1-1 ADDRESS STAFF MEMBER ONLY*****

NEWLY ASSIGNED 9-1-1 ADDRESS: _____

MAIL OUT OF: _____**ESN:** _____ **TAR:** _____ **SWISS CODE:** _____

NAME OF TECHNICIAN _____ **DATE ASSIGNED**_____