

**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) 622-3643
25 Volunteer Dr., Cairo, NY 12413

Fax: (518) 622-0572
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** _____