

TOWNSHIP OF SEWICKLEY

NEW 911 ADDRESS APPLICATION

DATE: _____

PROPERTY OWNER: _____

CURRENT ADDRESS (IF ANY): _____

LOCATION OF PROPERTY: _____

TELEPHONE #: _____

TAX MAP #: _____

____ NEW RESIDENTIAL CONSTRUCTION _____ REVISED RESIDENTIAL CONSTRUCTION

____ NEW COMMERCIAL CONSTRUCTION _____ REVISED COMMERCIAL CONSTRUCTION

NEIGHBORING PROPERTY OWNER: (RIGHT) _____

ADDRESS: _____

NEIGHBORING PROPERTY OWNER: (LEFT) _____

ADDRESS: _____

NEIGHBORING PROPERTY OWNER: (ACROSS STREET) _____

ADDRESS: _____

TOWNSHIP/COUNTY USE ONLY BELOW THIS LINE

DATE REQUEST RECEIVED: _____

DATE REQUEST APPROVED: _____

DATE REQUEST DENIED: _____

APPROVED BY: _____

9-1-1 ADDRESS: _____