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

Fax: (518) 622-0572

hdolan@greene911ny.gov

Office Phone: (518) 622-3643 25 Volunteer Dr., Cairo, NY 12413

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

Contact Person		Date
Business Name (if applicabl	e)	
Current Mailing Address:		
Phone #:	Type (h) (w) (c) Alternate #:	
1. Address request fo	or () New Construction	() Resale
	• •	() Other
2. Real Property Tax	Parcel ID # (section)	(block)(lot)
3. Property located in	n Town or Village (circle one) of	·
4. Parcel Old Address	s:	
5. Former Owner of P	Parcel or Structure :	
6. New Owner of Parc	cel or Structure :	
Please Attach	a Drawing or Plan(s) Showing I	Actual DRIVEWAY LOCATION
	COMPLETED BY 9-1-1 ADDRESS 9-1-1 ADDRESS:	
MAIL OUT OF:	ESN:TAR:	SWISS CODE:
NAME OF TECHNICI	NAME OF TECHNICIAN DATE ASSIGNED	