



**SANDERS COUNTY
9-1-1 RURAL ADDRESSING APPLICATION**

Please complete form and return to:
ADDRESSING ADMINISTRATOR
PO BOX 519, THOMPSON FALLS, MT 59873
(406) 827-6920 OR FAX (406) 827-4388

CUSTOMER INFORMATION:

DATE: _____

Last Name: _____ First Name: _____
Current Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Phone: Work: _____ Home: _____ Mobile: _____
Email address: _____

LOCATION INFORMATION:

Driveway side: N
(Relative to road) W Road E
S

Road Name: _____
Nearest Intersecting Road: _____
Direction from Intersection to Driveway: N S E W
Approx Distance from above intersection to driveway: _____ feet or miles

-OR-
Subdivision, Lot & Block: _____

STRUCTURAL INFORMATION:

(Circle item, or describe if "other")

Existing Structure (not yet addressed) **Planned Structure**
Single-wide Double-wide House Barn/Shed Other: _____
Mobile Home Mobile Home
Color/Trim: _____ **Height:** 1 story 2 story 3+
Exterior Material: Siding Brick Metal Wood Other: _____
Garage: Attached Detached None **Carport:** Attached Detached None

GIS ADDRESSING USE ONLY

9-1-1 Address: _____
City: _____ Zip: _____
Date applicant notified: _____ Post Office Notified: Septic Permit: _____
Comments: _____