



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

Please complete form and return to:  
CINDY MIELKE—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: \_\_\_\_\_