



WILL COUNTY EMERGENCY TELEPHONE SYSTEM VERIFICATION OF ADDRESS REQUEST FORM



DATE: _____

APPLICANT'S NAME _____

OWNER'S NAME (IF OTHER THAN APPLICANT) _____

OWNER'S PRESENT ADDRESS _____

APPLICANT'S PHONE _____ OWNER'S PHONE _____

ADDRESS TO BE VERIFIED _____

____ I will pick up ____ Please mail ____ Fax/Email _____

VERIFICATION IS FOR: ____ Replacement of Single Family Dwelling or Mobile Home*

____ Other (explain) _____

* IS REPLACEMENT HOME BEING SET IN THE SAME LOCATION? ____ YES ____ NO

* IF NO, ATTACH SITE PLAN (REQUIRED)

* CURRENT LAND USE/ZONING: _____

DRIVING DIRECTIONS TO ADDRESS/LOCATION:

PROPERTY TAX/PARCEL I.D. NUMBER (if known): _____

----- FOR OFFICE USE ONLY -----

ADDRESS: _____

POSTAL CITY: _____ ZIP CODE: _____

DATE ADDRESS ASSIGNED / PROCESSED: _____ BY: _____