Beth A. Baylor, Manager

*9-1-1 Communications*

Kelle B. Robinson, Manager

*Emergency Management Agency*

Wendy S. Hastings, Program Manager

*Lycoming, Tioga, & Sullivan*

*Emergency Medical Services*

Darla G. Krotzer

*Chief Emergency Preparedness Planner*

**LYCOMING COUNTY**

**DEPARTMENT OF PUBLIC SAFETY**

542 County Farm Road, Suite 101

Montoursville, Pa 17754-9621

(570) 433-4461

(570) 329-4061

Fax: (570) 433-4435

www.lyco.org

Jeffrey L. Hutchins

Director



Dear Applicant:

**It is very important that you provide as much of the information requested as possible and please be sure to neatly print all information.** If you have questions, please call 329-4746. Your address will be assigned within 10 working days from the day we receive your information.

**COMPLETE NAME: **

**CURRENT MAILING ADDRESS: **



**WILL YOU WANT MAIL DELIVERED AT THE NEW ADDRESS AT ANY TIME IN THE FUTURE?**

** YES  NO**

**IN ORDER TO KEEP OUR 9-1-1 RECORDS ACCURATE, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**DO YOU CURRENTLY RENT OR OWN YOUR HOUSE?  RENT  OWN**

**IF YOU OWN, WILL YOU SELL OR KEEP YOUR CURRENT RESIDENCE?  SELL  KEEP**

**WHAT IS YOUR CURRENT RESIDENCE PHONE NUMBER WITH AREA CODE? **

**WILL YOU USE THIS SAME PHONE NUMBER AT YOUR NEW LOCATION? YES  NO**

*IF YOU WILL BE GETTING A NEW PHONE NUMBER, PLEASE CALL US AFTER YOU RECEIVE THE NEW NUMBER AT*

 *570-329-4746 OR TOLL FREE AT 800-433-9063 ext.4746.*

**WHAT IS YOUR WORK OR DAYTIME NUMBER WITH AREA CODE? **

**WHAT IS YOUR EMAIL ADDRESS? **

**WHAT IS YOUR PREFERRED METHOD OF CONTACT? **

**TOWNSHIP (OF NEW ADDRESS REQUESTED): **

**NAME OF ROAD THAT WILL PROVIDE ACCESS TO NEW ADDRESS: **

**PARCEL NUMBER (IF KNOWN): **

*IF YOU HAVE RECENTLY PURCHASED A PARCEL OF LAND, PLEASE PROVIDE THE NAME OF THE PERSON YOU PURCHASED THE LAND FROM.. *

**THE NAME AND ADDRESS OF THE PROPERTY THAT IS NEXT TO OR ACROSS THE STREET FROM YOUR NEW PROPERTY (TO HELP LOCATE YOUR PROPERTY):**

****

**DESCRIPTION OF WHAT NEW STRUCTURE WILL LOOK LIKE (IF NOT BUILT) OR WHAT IT DOES LOOK LIKE (IF ALREADY BUILT)**

**EXAMPLES (COLOR, 1 STORY, 2 STORY, TRIM COLOR)**

****

DESCRIPTION OF WHERE THE NEW STRUCTURE WILL BE LOCATED ON THE PARCEL

****

****

**WILL THERE BE A DRIVEWAY? APPROXIMATELY HOW LONG WILL THE DRIVEWAY BE?**

PLEASE NOTE THAT IFTHE NEW DRIVEWAY EXCEEDS 2,640 FEET (ONE HALF MILE) OR HAS 3 OR MORE INHABITABLE STRUCTURES (OR MAY IN THE FUTURE) LOCATED ON IT THEN IT WILL REQUIRE A PRIVATE ROAD NAME.

****

**WILL THERE BE ANY NEW ROADS CONSTRUCTED THAT WILL (OR COULD IN THE FUTURE) PROVIDE ACCESS TO THREE OR MORE INHABITABLE STRUCTURES?** *IF SO, PLEASE PROVIDE AN ACCURATE MAP OF WHERE THIS NEW ROAD WILL BE CONSTRUCTED. ALL NEW PRIVATE AND PUBLIC ROADS MUST BE NAMED. PLEASE SEE THE COUNTY WEBSITE FOR THE PETITION FOR A PRIVATE ROAD NAME.*

**IF THIS IS A NEW DEVELOPMENT, WHAT IS THE NAME OF THE DEVELOPMENT?**

****

PLEASE INCLUDE A DIAGRAM OF THE PARCEL WITH A LINE INDICATING THE LOCATION OF THE DRIVEWAY AND AN X WHERE THE HOUSE WILL BE.

**PLEASE PROVIDE ANY OTHER DIRECTIONS OR DESCRIPTIONS THAT WILL HELP US FIND THE STRUCTURE OR LOCATION THAT NEEDS AN ADDRESS.**

****

**THANK YOU FOR YOUR HELP AND CONSIDERATION IN PROVIDING YOU WITH THE MOST ACCURATE NEW ADDRESS POSSIBLE.**

**GARRETT MCKINNEY**

**911 ADDRESSING COORDINATOR**

***PLEASE SEND THIS FORM VIA MAIL OR EMAIL TO:***

DEPARTMENT OF PUBLIC SAFETY

ATTN: **GARRETT MCKINNEY**

542 COUNTY FARM RD

SUITE 101

MONTOURSVILLE, PA 17754

gmckinney@lyco.org