



**UNIFORM NUMBERING SYSTEM FORM  
APPLICATION FOR 911 ADDRESS**

**PERMIT FEE  
\$30.00**

*Return completed form and payment to: Dept. of Land Management  
P.O. Box 67, Whitehall, WI 54773*

Date \_\_\_\_\_

Owner/Applicant Name \_\_\_\_\_ Telephone \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

***The information requested below pertains to the location where the new sign will be placed.***

Tax Parcel Number where building(s) are/ or to be located \_\_\_\_\_

Legal Description \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_ Town \_\_\_\_\_ North, Range \_\_\_\_\_ West

Township of \_\_\_\_\_ Road Frontage Length \_\_\_\_\_

Driveway exits onto \_\_\_\_\_  
Road name

The location of my building(s) is \_\_\_\_\_ from my closest neighbor whose name  
Direction

and number is \_\_\_\_\_

**Please check the following as they pertain:**

New Residence: \_\_\_\_\_ Accessory Structure \_\_\_\_\_

Missed Home: \_\_\_\_\_ Replacement Structure \_\_\_\_\_

**Type of residence** (if applicable)

House: \_\_\_\_\_ Cabin: \_\_\_\_\_

Trailer \_\_\_\_\_ Other: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Date \_\_\_\_\_ Sign Address \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Check No. \_\_\_\_\_ or Cash \_\_\_\_\_ Township \_\_\_\_\_

Receipt No. \_\_\_\_\_ Name of Issuing Person \_\_\_\_\_

Dated Issued \_\_\_\_\_

**SHOW A DRAWING OF THE FOLLOWING INFORMATION:** Indicate North; location of buildings and lot lines; driveway entry and exit point onto Town, County or State roadway; location and number of nearest uniform numbering sign.

A large, empty rectangular box with a thin black border, intended for a drawing. The box is currently blank.