

TOWN OF LANCASTER

25 MAIN STREET
LANCASTER, NH 03584
(603) 788-3391

REQUEST FOR 911 NUMBER

APPLICANT: _____

LANDOWNER: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

LOCATION:

STREET: _____

MAP/LOT #: _____

Please make a sketch showing the driveway location and measurements below. (Also, physically mark the location of your driveway with stakes and/or flagging so we can find it in the field).

YOU WILL RECEIVE NOTICE OF YOUR 911 NUMBER WITHIN TWO WEEKS. NEW ROADS or DIFFICULT LOCATIONS MAY TAKE LONGER, ESPECIALLY IF WE NEED TO CONTACT THE STATE BUREAU OF EMERGENCY COMMUNICATIONS MAPPING DIVISION.

APPLICANT SIGNATURE: _____ DATE: _____

LANDOWNER SIGNATURE: _____ DATE: _____

FOR TOWN USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

ASSIGNED #: _____ DATE ASSIGNED: _____

Notify: Applicant/Owner: _____ Post Office: _____ 911 System: _____
Lancaster Police Department: _____ Verizon: _____