



## Foster County

### 911 Address Request Form

Please supply the following information for Foster County to provide a physical address. This information will be used by Foster County for the purpose of emergency management, 911 services, planning and zoning.

**Directions:**

To request an address, submit this form along with a site plan showing driveway and all structure locations. Feel free to stop by the Foster County courthouse Emergency Manager office to work with staff if desired.

Please Print Legibly \*

Date of Application: \_\_\_\_\_

There are no fees for  
obtaining a 911 address

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Area Code and Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section \_\_\_\_\_

Block Number \_\_\_\_\_ Lot Number \_\_\_\_\_

Road Name providing property address \_\_\_\_\_ Distance from Road \_\_\_\_\_

Structure will be located on the NORTH, SOUTH, EAST or WEST side of the road: \_\_\_\_\_

Type of Structure: Business Single Family Mobile Home RV or Trailer Rentals Other Circle one

Location of the structure in Decimal Degrees Latitude: \_\_\_\_\_ Longitude \_\_\_\_\_

**A site plan or aerial photo must be submitted. The driveway access needs to be clearly marked as this will determine the address. If this approach changes in the future, then the address WILL change. All structures need to be clearly located.**

Each residential multiple family unit, commercial structure unit and separate buildings at the same physical address, must have a separate unit number (Ex= "A", "B", etc. Apartment XXXX, or SUITE XXXX) The unit number must be clearly displayed at the primary entrance to each unit and needs to be 6" in size.

Signature: \_\_\_\_\_

Please return this form to Foster County Emergency Manager, 1000 5th St N, Carrington, ND 58421 Phone 652-2252

Please do not write below this line. For Official Use Only

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Date Received \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Assigned Address: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_