## 911 Address Request Form

This form is required for verifying the accuracy of 911 addresses in our system to ensure that WRT fiber is installed in the correct location. It plays a critical role in facilitating future WRT services and is vital for emergency response systems. Please fill out the top section of the form and submit it to the 911 Coordinator or appropriate County Official. The County Official will then complete the bottom section of the form with the accurate 911 address of the described location and forward it to WRT. Additionally, include a map illustrating road access and structure locations. Maps can be sourced or printed from various platforms such as Google, Google Earth, Plat Books, etc.

*Please Print Legibly*							
Date of Application:							
Applicant Name:							
Mailing Address:		City:		State:	Zip:		
Email Address:							
Best Contact Number:							
Name of property owner if differ	ent than applicant:						
Township:	Range:		Section:				
Quarter Section: (select one)	NE NW	SE	SW				
Location of the structure in Decir	mal Degrees Latitud	le:		Longitude:			
Block Number: L	ck Number: Lot Number: Addition Name:						
Road name providing property access:			Distance from Road: feet				
Structure will be located off the above-named road: (sele			NORTH	SOUTH	EAST	WEST	
Dwelling Type (select one)							
Single Family Home	RV or Camper Trailer		bile Home	Business			
Industrial Site	Construction Site	Oil	Well Site	Other:			
Signature:							
	**Coun	ty Use On	ly**				
Date Received:							
			Unit #				
City:		Communi	ty:				
County:							
Signature of person assigning 911 Address			Date Received:				
	nd map by email: <u>e</u> ail to: WRT, Attn: Er						