

Genesee County Application for 9-1-1 Address Verification

**Application
Number:** _____

Application Date: _____

Owner	Name: _____	Applicant If other than owner	Name: _____
	Address: _____		Address: _____
	Phone #: () - Ext.		Phone #: () - Ext.
	Email: _____		Email: _____

Project Site Location: _____ **Tax Map # (TMP)** _____

New Address Required from Genesee County? Yes No Check with local Assessor/Tax Bill

List the Dimensions of the parcel: _____ x _____ And/or Total Parcel Area (Acres) _____

What are the parcel setbacks (ft.) from the project Front _____ Rear _____ & Side yards 1 _____ 2 _____

Proposed Build/Construction Dates: _____

Local Municipal Contact Person: _____

Name: _____

Address: _____

Phone: () - **Ext.** _____

Email: _____

Please return completed form to:

Genesee County Sheriff's Office
 Communications Division
 165 Park Road
 Batavia, NY 14020
 Or email: 911.center@co.genesee.ny.us