



Municipality of Centre Hastings 911 Number Application

I, _____ of _____
(Property **OWNER** Name) *(Please Print)* (Current Mailing Address)

(Home Phone) (Cell Number) (Email Address)

Hereby make application for a 911 Number on the (choose one):

_____ North _____ South _____ East _____ West

side of _____
(Municipal Road Name)

Is this 911 application being requested for a Farm Access (Farm 911 Emily Project) **Yes No**
(CIRCLE ONE)

Closest 911 Address to above noted property _____

911 Address across the road from the above noted property _____

Have you marked/flagged your preferred access location? _____

The access is requested for:

Lot _____ Concession _____ within the Municipality of Centre Hastings

Roll Number **1230** - _____ Plan Number _____

Signature _____ Date: _____

OFFICE USE ONLY:

Roll Number **1230** - _____

Total Fee: (911 Marker) _____

911 Number Assigned _____

Completed Civic Address Request Form to Hastings County _____ Date: _____

Staff Signature Date

Staff Comments:

