

CLARK COUNTY PLANNING & ZONING

517 Court Street, Room 204
Neillsville, WI 54456-1927

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CLARK COUNTY UNIFORM ADDRESS SYSTEM APPLICATION FOR NEW ADDRESS OR CORRECTION OF ADDRESS FORM

Please fill out this form as completely as possible, then return it, (either by mail or hand deliver) to the Planning & Zoning Department.

NOTE THIS ADDRESS NUMBER AND ROAD NAME BECOMES YOUR EMERGENCY NUMBER WHEN TELEPHONING FOR HELP.

OWNER / RESIDENT

NAME _____

Current Mailing Address _____

City _____

State _____ Zip _____

Telephone _____

(Obtain information from tax receipt or land deed)

BUILDING LOCATION

_____ 1/4 _____ 1/4 of Section # _____

Twp. _____ N. Range _____ E or W

Tax Parcel # _____

Lot _____, Block _____, Subdivision _____

Township of _____

Driveway exits onto _____

(road/avenue name)

How many acres is the property? _____

If driveway accesses US, State or County Highway, has driveway permit been obtained? Yes _____ No _____

The location of my driveway is _____

(distance)

(direction)

from my closest neighbor whose address is _____

(number)

(road/avenue name)

Please check the following as they pertain:

New residence _____

New Owner _____

Not numbered _____

Number Change _____

If necessary explain _____

IS DRIVEWAY CLEARLY MARKED? Yes _____, IF NOT, MARK WITH STAKE OR FLAGGING.

Please check the type of residence:

Dwelling _____

Cabin _____

Garage/Shed _____

Other _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM ALSO (OVER)

(OFFICE USE ONLY)

New address number: _____

Avenue/Road Name _____

City _____ State _____ Zip _____

Date Received: _____

Fee paid _____ Receipt # _____

Date Measured _____ GPS: Y N

Date # Assigned _____

In Computer _____

Put on Map _____

Post Office _____

Fire Dept. _____ First Responders _____

Ambulance (EMT) _____

Order Sign _____

E-911/Treas. _____

Land Owner _____ Twp. _____

Privy Letter Needed () ()

Yes No

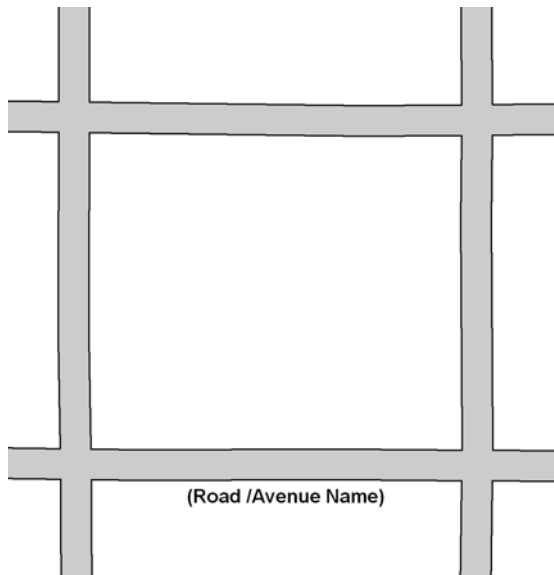
DRAW YOUR SKETCH ON THIS SIDE OF FORM

My driveway is located on the North ____ South ____ East ____ West ____ side of the road/avenue.

My driveway is located _____
(distance) (direction)

from _____
(road intersection)

PLEASE COMPLETE MAP AND IDENTIFY LOCATION OF NEW DRIVEWAY



*****NOTE*** RETURN THIS ENTIRE FORM TO THE ADDRESS BELOW**

Current Return Address

PLACE
STAMP
HERE

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