

**GREENE COUNTY DEPARTMENT OF EMERGENCY SERVICES  
9-1-1 ADDRESSING OFFICE**

**GREENE COUNTY EMERGENCY SERVICES IS THE AGENCY  
RESPONSIBLE FOR ISSUING ALL ADDRESSES WITHIN GREENE COUNTY**

**\*\*\* APPLICANT IS RESPONSIBLE FOR SUBMITTING FORM DIRECTLY TO 9-1-1 ADDRESS OFFICE \*\*\***

**Office Phone: (518) 622-2739  
25 Volunteer Dr., Cairo, New York 12413**

**Fax: (518) 622-0572  
bvermilyea@discovergreene.com**

**TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS  
(PLEASE PRINT CLEARLY)**

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if applicable)  
**Contact Person:** \_\_\_\_\_  
**Current Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**1. Address request for:** ( ) New Construction ( ) Resale  
( ) Sub-division ( ) Other \_\_\_\_\_

**2. Real Property Tax Parcel ID #** \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_  
(section) (block) (lot)

**3. Property located in Town or Village of:** \_\_\_\_\_

**4. Parcel Old Address (if applicable):** \_\_\_\_\_

**5. Former Owner of parcel or structure:** \_\_\_\_\_

**6. New owner of parcel or structure:** \_\_\_\_\_

**7. Attach a drawing showing actual location of DRIVEWAY:**

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**TO BE COMPLETED BY 9-1-1 STAFF MEMBER**

**New assigned 9-1-1 address:** \_\_\_\_\_

**Mail is out of:** \_\_\_\_\_

**Name of Technician:** \_\_\_\_\_

**Date assigned:** \_\_\_\_\_ **ESN:** \_\_\_\_\_ **TAR:** \_\_\_\_\_