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Town Of Vassalboro  
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## E911 Request Form

Name \_\_\_\_\_

Date: \_\_\_\_\_

Mailing  
Address \_\_\_\_\_  
*Street Address Apt/Unit #*

Phone: \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

Email: \_\_\_\_\_

Project Location \_\_\_\_\_

Zone \_\_\_\_\_

Map # \_\_\_\_\_

Lot # \_\_\_\_\_

☐ New Address

☐ Address Change

☐ Private Road

☐ Public Road

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### E911 Addresser Only

Address Assigned \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_