

**CITY OF GLENNVILLE  
911 ADDRESS FORM**

**Date of Request:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Alternate Phone:** \_\_\_\_\_

**Description of Home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location of Home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For 911 Use Only**

**Address Assigned:** \_\_\_\_\_

**Date Assigned:** \_\_\_\_\_

**Assigned By:** \_\_\_\_\_

**Date Notified:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_