

Application for 9-1-1 Sign

Name of property owner:	
Telephone and cell:	
Lot and Concession:	
Road name:	
Mailing address:	
	Office use only
Construction permit No.:	
Property roll No.:	
9-1-1 assigned number:	Colour:
Purpose: DNew/Proposed	dwelling □Farm land entrance □Other: (specify)
Village receipt/invoice No.:	
Comment:	
Date:	Signature:
cc: Village of Merrickville-Wolford Fire Department Village of Merrickville-Wolford Public Works K. Fraser, V. Adams or C. Horne, GIS - UCLG FAX: 613-342-2101 Canada Post, Merrickville Office	

317 Brock Street West, P.O. Box 340, Merrickville, ON KOG 1N0 www.merrickville-wolford.ca reception@merrickville-wolford.ca