

**NIORRARA COUNTY ASSESSOR'S OFFICE
APPLICATION FOR PHYSICAL ADDRESS
Niobrara County, Wyoming**

Please include a site plan of the property showing the approximate location of residence, driveway or access from the County Road, Tract Development Road, Subdivision Road, or Highway. We would also ask that you flag the driveway or access to the property to assist us in accurately establishing and mapping your new rural address in the Niobrara County rural address information system that is used by Niobrara County emergency response personnel.

Name of Property Owner(s): _____
Current Mailing Address _____
City _____ State _____ Zip _____
Current Day Time Phone _____

Requesting Party: _____
Current Mailing Address _____
City _____ State _____ Zip _____
Current Day Time Phone _____

Occupant's Name: _____
Current Mailing Address _____
City _____ State _____ Zip _____
Current Day Time Phone _____

Township _____ **Range** _____ **Section** _____ **Quarter Section** _____
Subdivision Name/Tract Development Name: _____
Block _____ **Lot** _____ **Tract** _____
Road/Highway: _____
Type of Structure _____
Does Approach or Access exist? Yes _____ No _____
Has an access Permit been approved by Niobrara County Road & Bridge Department? Yes _____ No _____
(Prior to assigning an address, we will be contacting Fred Thomas, Road & Bridge Supervisor 307-340-1558).

I certify under penalty of perjury that the above and foregoing information is true and correct to the best of my information and belief.

Dated this _____ day of _____, 20____.

Signature

To Be Completed by Niobrara County Road Indexing

ASSIGNED PHYSICAL ADDRESS:

Parcel Number: _____	RealWare Account Number: _____
Actual mileage: _____	ArcView mileage: _____
GPS Address Data Collected: _____	By _____ Date _____
Niobrara Sheriff's Office Notified (for 911 purposes):	Date _____ Contact _____
US Post Office Notified: (applicant responsible):	Date _____ Contact _____
Information Added to: RealWare _____	Information Added to Address Book _____
Added an Address Point in Mapping _____	Scan/Put in Documents on Acct _____

By _____
Date _____