

MARION COUNTY HOMELAND SECURITY EMERGENCY MANAGEMENT AGENCY & 9-1-1



DIRECTIONS FOR SUBMITTING THIS FORM FOR APPROVAL

1. Complete all that apply on the form that is included.
2. Return this form to the Marion County Office of Emergency Management/ 9-1-1 either by mail at the address of 50 Centerview Drive, Fairmont, WV 26554; or by fax (304) 363-4061; or email to dknotts@marioncountywv.com; or hand deliver to the above address.
3. Upon approval by the Marion County Office of Emergency Management/ 9-1-1, you will receive a letter verifying the new/changed address. Allow 7-14 days.

If you should have any questions please feel free to contact our office at:

(304) 366-3620.

Thank You,

Marion County Homeland Security Emergency Management
Emergency Communications 911 Addressing and Mapping Department

MARION COUNTY HOMELAND SECURITY
EMERGENCY MANAGEMENT AGENCY & 9-1-1



APPLICATION FOR STREET NUMBER/ADDRESS

REQUEST TYPE: (check all that apply)

Application Date: _____

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> New Street Number/Address | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Verification of Address | <input type="checkbox"/> Business |
| <input type="checkbox"/> Other _____ | |

APPLICANT and PROPERTY OWNER INFORMATION

Name: _____ Phone or Email: _____

Current Address: _____ City /Zip: _____

Property Owner (if different from above): _____

I am the: (check applicable box): Property Owner Property Developer Lessee/Renter

Applicant/Property Owner Signature Date

PROPERTY INFORMATION

Existing Street Name: _____ County/State Route #: _____

Community Name (i.e. Fairmont, Mannington, Worthington, etc): _____

Development/Subdivision (if applicable): _____

Cross Street(s) (List the name of the street(s) that are closest to the street listed above):

1. _____ 2. _____

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Location of property (Provide directions to street and any landmarks/subdivision names):

Tax District: _____ Map Number: _____ Parcel Number: _____

Closest known neighbor (if known) and their address: _____

*****9-1-1 USE ONLY*****

This address will be valid once your letter of verification is received and the below items are complete.

MARION 911 file: _____
Date / Name

CAD Update: _____
Date / Name

MSAG Update: _____
Date / Name

GIS/Mapping: _____
Date / Name

US Post Office: _____
Date / Name

Assessor: _____
Date / Name
