MUNICIPAL OFFICE

P.O. BOX 139 TOWN of EDGECOMB, MAINE 04556





DATE:
HOMEOWNER:
PHONE NUMBER:
ROAD NAME:
BUILDING STATUS/DESCRIPTION: (ADDRESSING OFFFICER WILL NOT ASSIGN STREET NUMBER UNTIL FOUNDATION OR PAD IS IN PLACE)
PLEASE DRAW YOUR HOME IN RELATIONSHIP TO NEAREST NEIGHBOR ON THE LEFT AND RIGHT. LABEL NAMES OF NEIGHBORS, LANDMARKS ETC., THAT WILL BE HELPFUL.
ROAD
THANK YOU