



TOWN OF TAOS E-911 Addressing Application



SECTION I

Property Code Number: _____ Owner Number: _____
 APPLICANT NAME: _____ Phone Number: _____
 MAILING ADDRESS: _____ Alt. Phone #: _____
 _____ Email Address: _____

 City, State, Zip

SECTION II – Only Complete if Owner is different from Applicant

PROPERTY OWNER: _____ Phone Number: _____
 MAILING ADDRESS: _____ Alt. Phone #: _____
 _____ Email Address: _____

 City, State, Zip

CERTIFICATION

I hereby certify that I have read and examined the information contained on this application, and know the same to be true and correct. All the requirements of the Town of Taos Addressing Ordinance will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any federal, state, or local law regulating the access or addressing for any Town or State Roads.

I also acknowledge that the Town of Taos GIS Division is authorized and directed to enforce the provisions of any federal, state, and/or local codes, and shall have the authority to render interpretations of these codes and to apply policies and procedures in order to clarify the application of its provisions. Such interpretations, policies, and procedures shall be in compliance with the intent and purpose of any federal, state, and/or local codes. Such policies and procedures shall not have the effect of waiving requirements specifically provided for in the Addressing Ordinance or Access Management Manual.

THE FILING OF THIS APPLICATION SHALL NOT IMPLY OR DEEM APPROVAL OF SAID APPLICATION.

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

OFFICE USE ONLY

_____	_____	_____	_____
Number	Road Name	Unit Type	Unit
<input type="checkbox"/> New Address		<input type="checkbox"/> Address Verification	
_____	_____		
Signature	Date		