

TOWN OF WEST STOCKBRIDGE

TOWN CLERK' S OFFICE

STREET NUMBER APPLICATION

Date: _____

Street: _____

Left or Right Side of Street: _____

House # before your house (lot): _____

House # after your house (lot): _____

Owner Name(s): _____

Mailing Address: _____

(City/Town) (State) (Zip Code)

House # Issued: _____

Date Issued: _____

Map/Lot #: _____

Copies to: Fire Department

Police Department

Board of Assessors

Building Inspector

Town Clerk _____

(Town Clerk Signature)