

**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)**