

Shelby County Zoning
315 1/2 East Main St.
Shelbyville, IL 62565
217-294-3876
Email: shelbyzoning@shelbycounty-il.gov

APPLICATION FOR 911 ADDRESS

Instructions to Applicant: All information requested below must be provided before any address can be assigned. Applicants are encouraged to contact the office of the Zoning Administrator for any assistance needed in completing this form.

Name: _____

Phone: _____

Contact Preference:

Email: _____

Phone _____ Email _____

Current mailing address: _____

Relationship to Property: ☐ Owner ☐ Resident ☐ Realtor/Builder

Location of Property

Township: _____ Section: _____

Parcel Number: _____

Additionally, please provide a location on a map pinpointing where the driveway will be located.

Application is hereby made for a 911 Address for Shelby County. By signing below, I attest that the information provided is true and accurate to the best of my knowledge. I acknowledge that it may take up to 14 business days for all entities to recognize this address.

Date: _____

Signature: _____

Official Use Only – Please do not write in this area.

New Address: _____

Notification Sent: _____

Assigned by: _____

Date: _____