

Name of Applicant:

Shelby County Zoning Office

315 ½ East Main Street Shelbyville, IL 62565 Phone: (217) 294-3876

Email: Shelbyzoning@shelbycounty-il.gov Website: www.shelbycounty-il.gov



Phone:

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.

Contact Information

				Contact Pref	
Email:				Mail	Email
Current mailing address:					
Relationship to Property:	Owner	Resident	Realtor/Builder		
	Location (of Property			
Parcel Number:					
Parcel numbers may be	found on the Shelby Cou	unty GIS Website at https:/	/shelby-il.bhama	nps.com	
Additionally, please provide a lo	ocation information o	r map pinpointing who	ere the drivew	ay will be lo	cated.
Application is hereby made for a 911 Address f knowledge. I acknow		below, I attest that the information business days for all entities to re			est of my
Date:	Signatur	e:			
Official Use Only – Please do not wr	ite in this area.				
New Address:					
Notification Sent:	Assigned by:		Date:		