CITY OF BLACK RIVER FALLS ADDRESS APPLICATION

Submit Completed Application to: City of Black River Falls, 101 S. Second Street, Black River Falls, WI 54615, Attn: City Administrator
City.admin@blackriverfallswi.gov Phone: 715-284-2315 Fax: 715-284-1777

TO BE COMPLETED BY THE APPLICANT

Name & Mailing Address of Applicant	
1. Name:	
2. Street:	
3. City/State/Zip:	
4. Phone:	
5. Email: (Failure to provide your email address may delay processing of your application)	

Will the new street number be used as your primary mailing address? ☐ Yes ☐ No

Do you expect to receive USPS mail delivery at this new address? ☐ Yes ☐ No

Parcel Number	Municipality
__ __ __ - __ __ __ __ . __ __ __ __	City of Black River Falls

Legal Description

____ ¼ ____ ¼; Section___, T___N, R___ ☐E ☐W	Certified Survey Map: #_____
	Volume_____ Page_____ Lot No._____

Plat Name: _____ Lot No. _____ Block No._____

Proposed residence/business will be located on the:

☐N ☐E ☐S ☐W
☐NE ☐SE ☐SW ☐NW

of: _____
(Name of Road, Street, Highway, Driveway)

Proposed or existing driveway is located _____ (distance) ☐ Feet ☐ Miles from the _____ (direction) edge of the parcel.

Proposed Use: (Please select only one)

☐Residential (ex. stick-built home, manufactured home, mobile home)	☐Commercial
☐Residential/Commercial (ex. business within a residence)	☐Infrastructure (ex. cell tower, public utility, substation, lift station, etc.)
☐Multi-Unit Residential (ex. duplex, apartment bldg., townhouse, etc.)	☐Industrial Site (ex. natural gas storage, mining, manufacturing, etc.)
☐Multi-Unit Commercial (ex. multi-suite business center)	☐Vacant Land

"I, the undersigned applicant, understand that my address will be used by local ambulance, fire, and law enforcement services to locate my residence in case of an emergency, and by the U.S. Postal Service for the delivery of mail, and when installed, I will maintain the sign in such a way that it is clearly visible from the public thoroughfare."

Signature of Applicant: _____

TO BE COMPLETED BY AUTHORIZED CITY OFFICIAL

Assigned Address	Road/Street	Postal Community	State	Postal Code
		Black River Falls	WI	54615

City Administrator Signature: _____ Date: _____

Copy Distribution

Applicant GIS/911 Data Municipality