



**COUNTY OF ROSCOMMON
ADDRESS ISSUANCE DEPARTMENT**

500 Lake Street, Roscommon, MI 48653

bakerb@roscommoncounty.net

Telephone (989) 275-7141

APPLICATION FOR ASSIGNMENT OF NEW ADDRESS NUMBER

The completed application should be returned, with the **\$300.00** application fee, payable to Roscommon County, to the address above. **Applications may be emailed but will not be processed until the application fee is received.**

Owner(s) Information:

Name(s): _____

Telephone No. () _____ Email Address: _____

Current Mailing Address: _____

Type of Structure:

Single Family Residence Commercial

Garage or Storage/Pole Building Other: _____

Location of Property:

Street: _____ City: _____

Zip Code: _____ Township: _____ Parcel ID: ____ - ____ - ____ - ____

Section: ____ Town: ____ Range: ____ Lot No. ____ Subdivision: _____

Directions to Site:

The driveway will be on (Road Name) _____

Nearest cross streets: _____

The driveway is marked by _____



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SITE DRAWING

Please indicate the location of the structure, proposed/actual driveway, directional arrows, neighboring houses with approximate distances/directions. **Label streets.**

Applicant please read:

1. It is the intent of the department to process all applications within fifteen business days of receipt of completed application and fee.
2. Notification of address issuance will be provided to the following departments/agencies: Roscommon County E911, Consumers Energy, DTE, County Equalization, Township Treasurer, Assessor & Clerk, and the USPS.

Applicant Signature: _____ **Date:** _____

For Office Use Only:

Date Received: _____

E911 Approval Signature and Date: _____

House Number Issued: _____ Date Distributed: _____
