

**BAYFIELD COUNTY UNIFORM ADDRESS SYSTEM  
ADDRESS APPLICATION**

**APPLICATION FEE: \$75.00**

*Please allow **3 WEEKS** for  
**ADDRESS ASSIGNMENT** and  
6-8 additional weeks for sign to  
be ordered/received/installed*

**Make check payable and return to:**  
Bayfield County Emergency Management  
PO Box 423 – 117 East Sixth Street  
Washburn, WI 54891  
Phone: 715.373.6113 Fax: 715.373.6183  
E-Mail: nbrown@bayfieldcounty.org  
jvictorson@bayfieldcounty.org

• **OWNER/RESIDENT:**

Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone(s) \_\_\_\_\_ E-Mail \_\_\_\_\_

• **BUILDING LOCATION:**

Legal Description (from deed) \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ W

TOWN – VILLAGE (circle one) of \_\_\_\_\_

Tax ID No. (from tax statement) \_\_\_\_\_

Road Name \_\_\_\_\_

I am on the (circle one) NORTH – SOUTH – EAST - WEST side of the road.

My closest neighbor's name and address is \_\_\_\_\_

I am located (circle one) NORTH – SOUTH – EAST - WEST of my closest neighbor's driveway.

• **DRIVEWAY INFORMATION:**

**Customer must mark the permanent driveway location in order for an address to be assigned.**

**Describe markings (i.e. culvert, flag, stake) \_\_\_\_\_**

• **CONSTRUCTION INFORMATION:**

Approximate date construction will begin on site \_\_\_\_\_

**OFFICE USE ONLY**

Not Addressed  New Residence  Paid  Check No. \_\_\_\_\_

Address Correction  Explanation \_\_\_\_\_

Date Assigned \_\_\_\_\_ By \_\_\_\_\_ Customer Notified \_\_\_\_\_ Sign Ordered \_\_\_\_\_

ADDRESS ASSIGNMENT \_\_\_\_\_

**GPS:** \* Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

NOVUS

CWA

PL OFFICE