

Community 911 House Number Initiative Application

(PLEASE PRINT OR TYPE ALL INFORMATION)

NAME: _____

ADDRESS: _____

(PHYSICAL ADDRESS ONLY! NO POST OFFICE BOXES!)

PHONE NUMBER: _____

APPLICATION CATEGORY: (PLEASE CHECK ONLY ONE!)

____ **DISABLED / HANDICAPPED INDIVIDUAL'S PRIMARY RESIDENCE**

____ **ELDERLY (OVER 65 YEARS OF AGE) INDIVIDUAL'S PRIMARY RESIDENCE**

____ **LOW INCOME INDIVIDUAL'S PRIMARY RESIDENCE (MUST SHOW PROOF OF INCOME)**

____ **CITY OF OXFORD RESIDENT'S PRIMARY RESIDENCE**

COLOR OF 911 NUMBERS TO BE INSTALLED (PLEASE CHECK ONLY ONE!)

____ **WHITE**

____ **BLACK**

____ **SILVER TONE**

TYPE OF MATERIAL THE NUMBER WILL BE ATTACHED TO (PLEASE CHECK ONLY ONE!)

____ **WOOD**

____ **BRICK**

____ **OTHER (PLEASE DESCRIBE)** _____