

FEE: \_\_\_\_\_

**LANGLADE COUNTY  
LAND RECORDS AND REGULATIONS DEPARTMENT**

Resource Center 837 Clermont St. Antigo, WI 54409  
Phone: (715) 627-6206 Fax: (715) 627-6281 Email: jmckinney@co.langlade.wi.us

**APPLICATION FOR RURAL ADDRESS**

**OWNER** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**GOV'T. LOT** \_\_\_\_\_, \_\_\_\_\_ **1/4.** \_\_\_\_\_ **1/4,** **SECTION** \_\_\_\_\_, **T** \_\_\_\_\_ **N,** **R** \_\_\_\_\_ **E**

**TOWN OF** \_\_\_\_\_, **SUBDIVISION/CSM** \_\_\_\_\_

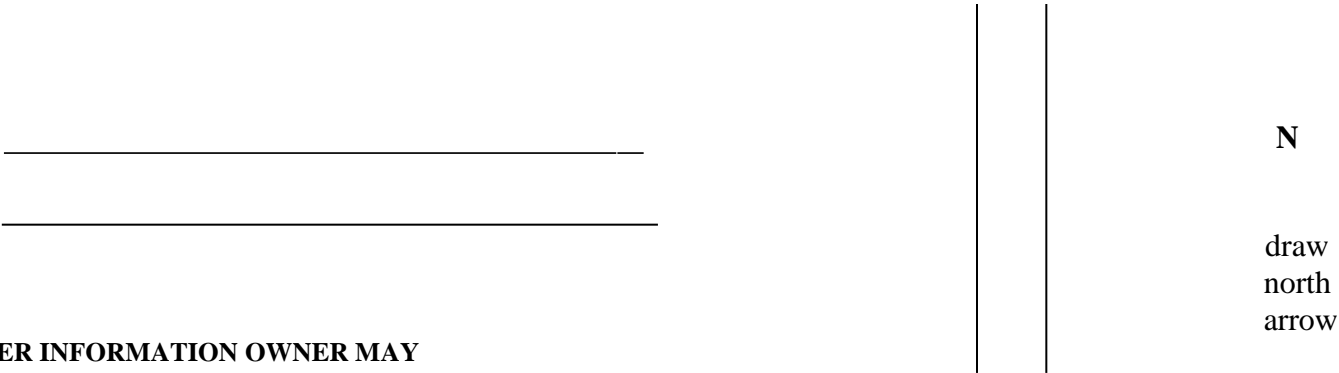
**LOT #** \_\_\_\_\_ **BLOCK #** \_\_\_\_\_ **PARCEL #** \_\_\_\_\_

**ARE YOU REQUESTING A RURAL NUMBER FOR A NEW STRUCTURE? YES or NO**  
**IF NO, PLEASE GIVE EXPLANATION** \_\_\_\_\_

**HAVE YOU OBTAINED THE NECESSARY ZONING & SANITARY PERMITS? YES or NO**  
**IF NO, PLEASE GIVE EXPLANATION** \_\_\_\_\_

**NAME OF ROADWAY** \_\_\_\_\_ **(RD, LN, DR, HWY, OTHER \_\_\_\_\_)** **CIRCLE ONE**

**LOCATION OF THIS DRIVEWAY IS \_\_\_\_\_ FEET FROM THE DRIVEWAY OF ADDRESS NUMBER \_\_\_\_\_**  
**OR TO THE NEAREST LOT LINE ALSO SHOW DIRECTION AND DISTANCE BY USE OF ONE OF THE DIAGRAMS**  
**BELOW. (EXAMPLE ON BACK OF SHEET)**



**OTHER INFORMATION OWNER MAY**

**WISH TO CONVEY WITH THIS APPLICATION:** \_\_\_\_\_

**THIS SPACE FOR OFFICE USE ONLY: OWNER PLEASE NOTE: IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO NOTIFY POST OFFICE.**

**NEW NUMBER ASSIGNED:** \_\_\_\_\_ **ROAD NAME** \_\_\_\_\_

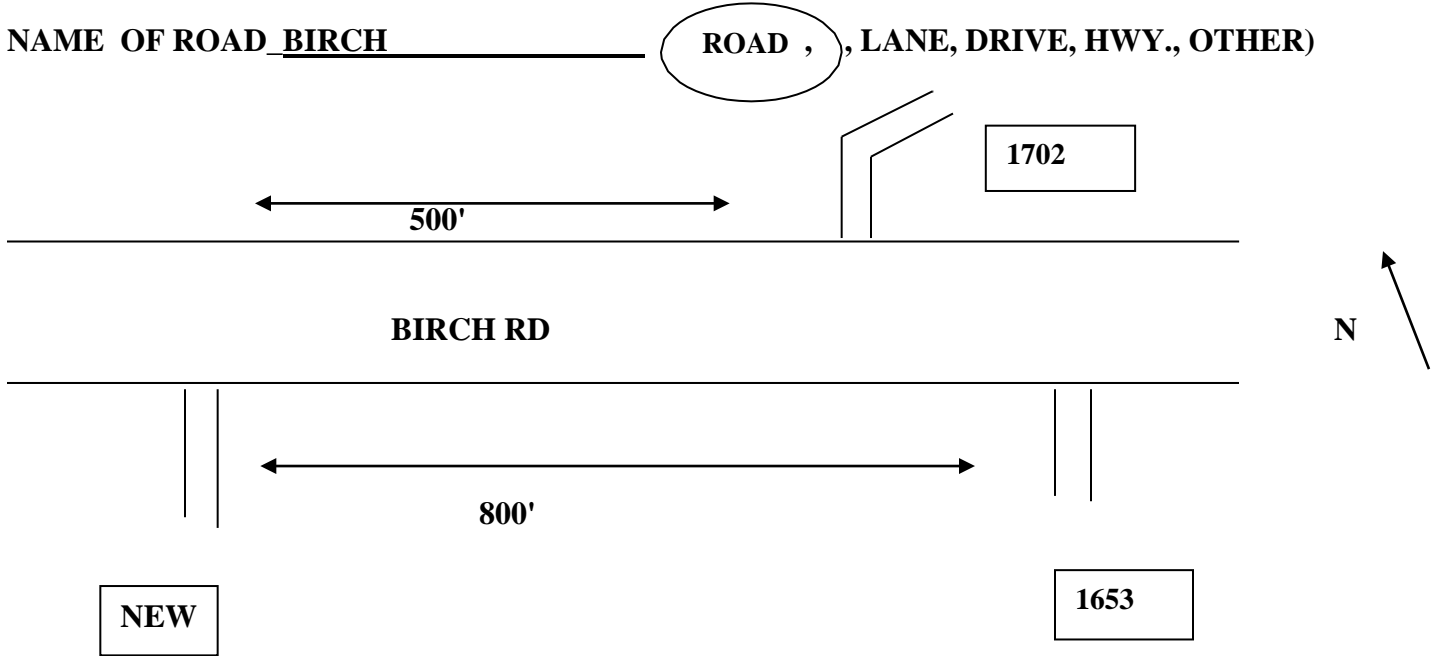
**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**EXAMPLE: NEAREST EXISTING ADDRESS TO YOUR NEW DRIVEWAY**

LOCATION OF NEW DRIVEWAY IS 500 FEET FROM THE DRIVEWAY OF ADDRESS NUMBER 1702.

NAME OF ROAD BIRCH ROAD , LANE, DRIVE, HWY., OTHER)



(MEASUREMENTS TO BE MADE FROM THE DRIVEWAY OF NEAREST EXISTING NUMBER TO THE DRIVEWAY OF THE NEW STRUCTURE AND ADDITIONAL ADDRESSES IF POSSIBLE).