

Clay County 911 Application



Date		File Number	
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\$25 New Sign (No Post)
\$75 Replacement Sign

Applicant is: ☐ **Owner** ☐ **Agent/Contractor**

Section 1: Applicant/Owner/Contact Information			
	Applicant	Owner	Contractor
Name			
Address			
Phone			
E-mail			

Section 2: Property Information	
Address Assigned	
Assigned By	
Parcel ID	

Section 3.: Location (As Described)	

Section 4: Requirements		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Fee Paid. Check Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Notified Director of Equalization.
<input type="checkbox"/>	<input type="checkbox"/>	Sign Ordered. barcosales@barco1.com
<input type="checkbox"/>	<input type="checkbox"/>	Notified E 911 Dispatcher.
<input type="checkbox"/>	<input type="checkbox"/>	Mail Delivery/ Notified Post Office.
<input type="checkbox"/>	<input type="checkbox"/>	Sign given to Highway Department.