



BRUCE R. FOLEY  
*Public Health Director*

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**DEPARTMENT OF HEALTH**  
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**Environmental Health (845) 278 - 6130 Fax (845) 278 - 7921**  
**Nursing Services (845) 278 - 6558 WIC (845) 278 - 6678 Fax (845) 278 - 6085**  
**Early Intervention/Preschool (845) 278 - 6014 Fax (845) 278 - 6648**

**E911 ADDRESS VERIFICATION FORM**

OWNERS NAME: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

E911 ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

AUTHORIZED TOWN OFFICIAL: \_\_\_\_\_  
(Signature)

DATE: \_\_\_\_\_

The Putnam County Department of Health will not issue a Certificate of construction Compliance unless the above form is completed, i.e., a legal E911 address is assigned by an authorized town official. This form is to be submitted with the application for a Certificate of Construction Compliance.