



Street Number Application

Town of West Stockbridge

Town Clerk's Office

Date: _____

Street: _____

Left or Right Side of Street: _____

House # before your house (lot): _____

House # after your house (lot): _____

Owner Name(s): _____

Mailing Address: _____
(Street)

(City) (State) (Zip Code)

House # Issued: _____

Date Issued: _____

Copies to: Fire Chief

Police Chief

Board of Assessors

Town Clerk

Town Clerk's Signature