

Stillwater County
Rural Address Application

PO BOX 1287, Columbus MT 59019
Ph (406) 322-8060

Location Information:

Date _____ Fee: \$25.00 address

Legal Description of Property:

_____ (____) _____ (____) Township _____ Range _____ Section _____

Subdivision Name _____ Subdivision _____ COS _____

Lot _____ Tract _____ Block _____ Geocode _____

Is there a driveway? Y/N

If yes - What side of the road is your driveway? _____

How is your driveway marked? _____

Is there a house? Y/N IF No – Date of finished construction: _____

Are you the current resident? Y/N IF No- Please list current residents: _____

Is this a place of business? Y/N IF Yes- Please indicate name and type of business: _____

What road does your driveway come off of? _____

Describe how to find your driveway (start with the closest named road):

Use the back to draw map if desired

If your driveway comes of a County Road, you will need to apply for a Road Approach Permit. If applicable, have you applied for a permit? Y/N

Stillwater County Road & Bridge Department (406)-322-5335 (street sign can be purchased here)

Do you have a Septic Permit? Y/N

Stillwater County Environmental Health Department (406) 322-8055

Personal Information:

This information is used by EMERGENCY PERSONNEL for the 911 system of Stillwater County

Owner Name/s _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

If applicable, will this phone # be transferred to new property address Y/N

Office Use Only: Number: _____ Road Name: _____

Effective Date: _____