



TOWN OF SOUTH KINGSTOWN
DEPARTMENT OF PUBLIC SERVICES

Private and State Road House Number Information Sheet

Applicant: _____

Property Owner:
(if different than Applicant) _____

Mailing address: _____

Phone Number: _____

South Kingstown Property Information:

Assessor's Plat: _____ *Lot:* _____

Street Name _____

Private, State, other _____

There is a two – (2) business day turn around time minimum for completion of this form. We will contact you as soon as the form is ready. Please attach site plan showing location of house and driveway with this form.