

**STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
SHORELINE CONSERVATION SERVICE
(410) 260-8786**

REQUEST FOR FIELD INSPECTION

OWNER OF PROPERTY:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE:

HOME: (_____) _____ OFFICE: (_____) _____

CELL: (_____) _____ FAX: (_____) _____

EMAIL: _____

LOCATION OF PROPERTY:

ADDRESS: _____ COMMUNITY or
POINT OF LAND: _____

COUNTY: _____ BODY OF WATER: _____

PROPERTY INFORMATION:

LENGTH OF SHORELINE: _____ TIME OWNED: _____

PREVIOUS OWNER: _____ PREVIOUS SEC INSPECTION: _____

INSPECTOR: _____

ADDITIONAL COMMENTS:

DATE OF REQUEST: _____

REQUEST TAKEN BY: _____