



STATE HIGHWAY ADMINISTRATION

Larry Hogan Governor
Boyd K. Rutherford Lt. Governor
Gregory Slater Secretary
Tim Smith, P.E. Administrator

Robert Hammond-Bey, Manager
Records and Research Section -2nd Floor, M202
State Highway Administration
211 East Madison Street
Baltimore MD 21202
Telephone No. (410)545-2835

Date:

PLEASE SEND ALL REQUESTS BY EMAIL OR FAX
Email: ORERecordsAndResearch@mdot.maryland.gov

PLEASE PRINT OR WRITE LEGIBLY

Re: MD Rte. County:

Limits: From:

To:

*** SHA ONLY FMIS CHARGE #

Please furnish the latest Right of Way information relative to the above area.

I have enclosed a vicinity map and I understand you will forward this material as soon as possible.

Thank You

Print Name:

Company Name:

Address:

City: State: MD Zip Code:

Phone Number: Fax Number:

Email:

Additional Remarks:

WE CANNOT PROCESS YOUR REQUEST WITHOUT A VICINITY MAP AS IT IS NECESSARY TO IDENTIFY THE PRECISE PROPERTY LOCATION. ADC map is best.

**PLEASE NOTE, TO ORDER CONSTRUCTION PLANS (As-Builts), CROSS SECTIONS, ETC., YOU MAY CONTACT AT : SHA_OHD_PLAN_REQUEST@SHA.STATE.MD.US

Office of Highway Development / Design Technical Services Division.
707 N. CALVERT ST.
BALTIMORE MD 21201
(410) 545-8405

EACH OFFICE IS REGULATED BY SEPARATE PROCEDURES.

IMPORTANT INFORMATION REGARDING PLAT REQUEST

Please be advised that, by law, if a plat reflects any STATE HIGHWAY ADMINISTRATION acquisition, it is available to the general public. Phone requests for same day service should be placed by twelve o'clock noon.

The attached plat(s) which you request by number, however, may not necessarily represent this Administration's degree of title for the area depicted or be the latest plat(s) covering that area.

If the latest existing right-of-way information is needed, please include a vicinity map highlighting the area desired, and send the request and map either hard copy or email to the address below. In person requests are not encouraged because of the complex nature of the research and the volume of similar requests.

Personal research is available, but very limited. Please call in advance to schedule an appointment.

**STATE HIGHWAY ADMINISTRATION
RECORDS and RESEARCH SECTION
2nd FLOOR M 202
211 EAST MADISON STREET
BALTIMORE, MARYLAND 21202
Phone: (410)545-2835
Email: ORERecordsAndResearch@mdot.maryland.gov**

If you have any questions regarding this matter, kindly telephone this office at the number listed below.

Very truly yours,

Robert Hammond-Bey, Manager

Records and Research Section

Robert Hammond-Bey, Manager
 Records and Research Section
 State Highway Administration
 211 E. Madison St. 2nd Fl, M202
 Baltimore MD 21202

DATE:

ORDER FORM FOR PLATS ONLY
Must know plat Number

IF RESEARCH IS NEEDED PLEASE USE SEPARATE RESEARCH FORM.

ATTN: Records and Research

Please furnish the plats listed below:

of Copies: _____ **R/W Contract:** _____ **County:** _____

Your Name: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone #:** _____

Additional Remarks: _____



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- Please send me a research form
Call for pick-up

THANK YOU!!!
Plats only form

Phone: (410) 545-2835
Email: ORERecordsAndResearch@mdot.maryland.gov

Dear Customer.

The State Highway Administration and the Office of Real Estate are committed to improving the quality of their customer service.

We are sincere in this effort and appreciate any suggestions or remarks regarding our service to you.

Sincerely,

Contact Person

Robert Hammond-Bey, Manager
Records and Research Section
Phone: (410)545-0358
RHammondBey@mdot.maryland.gov

Why did you contact the Records and Research Section?

- Plat Order Research Request Other (See Remarks)

The information requested was received in a timely manner.

- Strongly Agree Agree Neutral Disagree Strongly Disagree

If you contacted us personally, you were treated in a courteous and professional manner.

- Strongly Agree Agree Neutral Disagree Strongly Disagree



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How can the Records and Research Section improve our service to you?

Additional Remarks

Name of Customer _____

Company Name _____

Address _____

Phone Number _____

Check here if you wish to remain anonymous ()