

REQUEST FOR PHOTOCOPY OF YOUR IMPERVIOUS MAP AREA

Date of Request: _____

Requested by: _____

Telephone Number: _____

Property Owner: _____

Property Location: _____

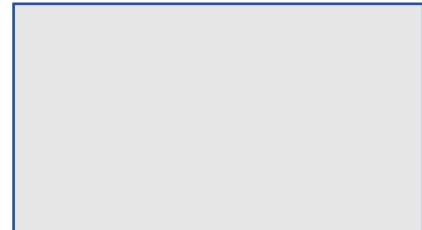
Map/Parcel Number: _____

Print your Email address: _____

Please email this form to: stormwatermgmtgrp@millisma.gov

The office will call you when this is ready to be picked up or return to your email address.

Completed by _____ On Date _____



Received Stamp