



CONTACT INFORMATION FORM

Please complete this form with your contact information for the Maryland Department of the Environment.

Date: _____

1. Name of Applicant (*owner/operator*)

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2. AFO Information

Farm Name:

AI Number:

3. Physical Address

Street Name and Number:

City:

State:

Zip Code:

4. Mailing Address *(leave blank if same as physical address)*

Street Name and Number:

City:

State:

Zip Code:

5. Phone Number/s

Cell:

Home:

Work/Business:

6. Email Address
