



**State of New Jersey
Department of Environmental Protection
Natural Heritage Data Request Form**



The New Jersey Natural Heritage Program
Office of Natural Lands Management
P.O. Box 404, Trenton, New Jersey 08625
(609) 984-1339
Fax No.: (609) 984-1427

PLEASE PRINT AND SUBMIT COMPLETED FORM WITH ATTACHMENTS TO THE ADDRESS ABOVE
(Fields shown in bold font must be completed in order for data request to be processed.)

1. **Name:** _____ Agency/Company: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Daytime Phone:** _____ **Ext.:** _____

Cell Phone: _____ Email: _____

2. **Project Name:** _____

Municipality(ies): _____ County(ies): _____

Block(s): _____ Lot(s): _____

N.A.D. 1983 State Plane Coordinates (feet) 6 digits only: _____ E (x): _____ N (y): _____

3. **Project Description:** _____

4. **USGS Quad:** _____ A copy of a USGS quad map(s) that clearly indicates the site boundary is included with this form. Specify name of USGS quad(s):

(USGS quad maps are required, unless prior arrangements have been made to submit site boundaries in an alternate format. Responses will be delayed if site locations are not delineated in a suitable format.)

5. **Flood Hazard Control Act Use:** **Is this request submitted as part of a Flood Hazard Area Control Act rule (N.J.A.C. 7:13) application? Yes ___ No ___**

6. **Acknowledgement & Signature:** Any material supplied by the Office of Natural Lands Management will not be published without crediting the Natural Heritage Database as the source of the material. It is understood that there will be a charge of \$70.00 per hour for the services requested. An invoice will be sent with the request response and payment should be made by check or money order payable to "Office of Natural Lands Management."

Signed _____ **Date** _____

Time Frame for Response:
Data requests are processed in the order in which they are received; the response time depends on the backlog at the time your request is logged in. Due to the number of attachments, we cannot fax results. If you would like to have your response package returned by Federal Express, please include an account number with your request.

FOR OFFICE USE ONLY

DATE RECEIVED _____

Item Code: REG ___ ST ___ RTC ___ NC ___ REGEO ___ STEO ___ RTCEO ___ NCEO ___

Hrs: _____

Project Code: _____ Inv. #: _____