

MASSACHUSETTS REQUEST FOR STATE-LISTED SPECIES INFORMATION

Please complete this form to request state-listed species information from the Natural Heritage & Endangered Species Program for a particular location (please submit only one project per form).

Fee: \$50.00, Payable to Comm. of MA – NHESP (as required in 321 CMR 10.17(3)). Please mail this completed form, a map with location clearly marked, and fee to: NHESP Regulatory Review, MassWildlife Field Headquarters, 1 Rabbit Hill Road, Westborough, MA 01581.

No fee required if request is for conservation purposes or habitat management <u>and</u> you are a non-profit conservation group, government agency or are working with a government agency. The completed form and map with location clearly marked can be mailed to the address above or <u>emailed</u> to: <u>natural.heritage@mass.gov</u>.

	Project Details		
*Project or Site Name:			
*Street Address/Location:			
*Town(s):			
*Total Site Acreage:	Acreage of Disturbance (if proposed)1:		
Description current site conditions and proposed projec	t (if necessary, attach a	dditional sheet):	
Do you have a previous NHESP Tracking number? (Yes /	No) If yes, please provi	de:	
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*Required: Enclose a map with the site location clearly n	narked and centered on	the page.	
Land	lowner Info		
*Are you the Record Owner ² : of the property? (Yes / No you have permission from the Record Owner to submit	•		
*Landowner Name:			
*Address:			
*City:		*Zip Code:	
	Telephone:		
Comments/Purpose of request ³ :			

¹ If a project is being proposed, please provide the potential acreage of disturbance and/or site clearing.

² Record Owner means any person or entity holding a legal or equitable interest, right or title to real property, as reflected in a written instrument or recorded deed, or any person authorized in writing by such person.

³ Please describe the purpose of your request for rare species information and the authorization you have to submit this request.

Applicant Info

Applicant Name (if different from Landowner)	:		
Organization Name (if applicable):			
Address:			
City:	State:	Zip Code:	
Email (if available):	Telephone:		
	*For No-Fee Request Only		
*Are you a non-profit conservation group, go	vernment agency or working with a go	overnment agency? (Yes / No)	
*If yes, provide the name of the non-profit gr	roup or government agency:		
*Is your request for conservation purposes of	r habitat management? (Yes / No)		
Comments:			
I hereby certify under the pains and penalties	of perjury that the information contain	ed is true and complete to the best	
of my knowledge.			
*Applicant Signature:		*Date:	

A written response will be returned within 30 days of receipt of all information required.