

PUBLIC INQUIRY FORM



BEFORE SUBMITTING AN INQUIRY, PLEASE NOTE:

Property location, Address or Surplus MAP Number:*

This will be word MAP, followed by alphabet, For example: MAP 1-Z

Applicant's Full Name: * *Please enter the name as it appears on his or her government or business registration.*

First:

Middle:

Last:

or Entity Full Name:*

Physical Address:*

Address:

City:

State:

Zipcode:

Email Address:*

Important! *Please double-check your email address. We can't write back to you without it!*

Type your question below:*

