

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

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Director



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**STATE OF MARYLAND
REQUEST FOR RENEWAL**

PLEASE ALLOW FIVE (5-7) WORKING DAYS FOR A RESPONSE TO THIS REQUEST

Name _____

Mailing Address _____

_____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address: _____

REASON FOR REQUEST

PROPERTY IDENTIFICATION

Tax ID Number (Account number from Tax Bill) _____

Property Address _____

Subdivision _____

Lot _____ Block _____ Section _____ Map _____ Parcel _____

Signature _____ Date _____

_____ Approved
Environmental Health

_____ Denied
Environmental Health

If not approved (reason): _____

