SCDOT

SCDOT – R/W Quality Control Use Only
Date Received:_____
Date Completed:_____

Request for Services of Right of Way Quality Control Section

Please complete this form in its entirety and return to our office for processing, along with any copies of plans, plats, maps, or tax map information to correctly identify the right of way area in question.

Date of Request: _____

_____
Name of Requestor Phone Numbers

_____
Address

_____
Name of Property Owner Phone Numbers
(if different from requestor)

_____
Address

E-mail address: _____

Request Type: ___Verify R/W ___Verify DOT Ownership ___Provide Copies of Documents ___Other

Explain Service(s) for SCDOT Right of Way Research Request:

_____

_____

_____

Property is located in_____County, in or near the city/town of_____.
Property fronting on Highway Number: _____
Address (street name) of the site _____

SCDOT File Number_____ and Tract Number_____(if available)
Tax Map Number _____. If a current plat or tax map information is not available, please sketch the property and include it with this form for submittal.

Site is approximately_____ feet /miles North, South, East, or West of intersecting road _____,
between road(s) _____ and _____.

Have you contacted SCDOT previously about this request? No_____Yes _____
If yes, date _____

Please submit the completed form to our office at ROWResearchRequest@SCDOT.org.

South Carolina Department of Transportation
Rights of Way - Quality Control Section
Post Office Box 191, Room 424
Columbia, South Carolina 29202-0191
Phone 1-800-214-4495 or (803) 737-1400
Fax 1-803-737-1403