



Map request form

Please complete this request form clearly and send it with either a photocopy of a printed map or a copy of an online map, highlighting all the areas of land for which an OS MasterMap® print will need to be requested.

This form must be signed and dated to confirm acceptance of the Agreement associated with the request of Ordnance Survey maps. Please send this request and the location map to the appropriate Forestry Commission Area Office.

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Please select the scale relevant to the size of the area:

For Example:

Size of the area:	Scale:
Over 30 ha	1:10,000
10 to 30 ha	1:5,000
Under 10 ha	1:2,500

Please tick: 1:10,000 1:5,000 1:2,500

For scattered woodlands, several maps (one for each block of woodland at the correct scale) are preferable to one large-scale map that attempts to cover all of the woodland.

Grid ref of map centre (e.g. TZ 123 456)

1 Rusiness name:

Nearest town (this allows the location of the map to be found quickly):

1. Dusiness name.	
2. Title:	Forename:
3. Surname:	
4. Address:	

- 5. Postcode:
- 6. Rural payments CRN:
- 7. SBI:
- 8. Landline: 9. Mobile:
- 10. E-mail address:





Declaration

Signing this form is confirmation of agreement to the following statements.

- I agree that I will only use the map(s) supplied under this request for the explicit and sole purpose of making an application to the Forestry Commission.
- I agree that I will not use, reproduce or redistribute the map(s) to any other party or for any other purpose.
- I understand that the map(s) supplied under this request remain in the ownership of the Forestry Commission at all times.
- I understand that it is entirely my responsibility to obtain an acceptable map in good time for making my application to the Forestry Commission. I further understand that this is only a request and as such the Forestry Commission is under no obligation to provide me with a map.

For agents signing this form:

I can confirm that I have:

- drawn the beneficiary's attention to the conditions that apply to this map request
- made the beneficiary aware that they are responsible for complying with these conditions

Signature:	Date:	
Print name:		