Request for Tidal Datum

Please complete this form and email to mhwrequest@floridadep.gov prior to obtain the Mean High-Water or the Mean Low-Water elevation at your project site.

Please provide the fo	ollowing information about the site	being surveyed.
Name of Surveyor:		
Firm Name:		
Address:		
Phone:	Email:	
Street Address of Site:		
City or Town:		
	Or	
Latitude:		
Longitude:		
Comments:		

Any surveyor and mapper undertaking to establish a local tidal datum and to determine the location of the mean high-water line or the mean low-water line shall submit a copy of the results thereof to the department within 90 days if the same is to be recorded or submitted to any agency of state or local government. Chapter 177.37, Florida Statutes.