June 10, 2021

To: [Developer/Owner]
    [Address]
    Via:

From: Howard County Department of Public Works
      Real Estate Services Division
      Phone No: 410-313-2330

Subject: Information required for [P&Z File No.]
          [Project Name]

Please be advised that our office has started to receive information required for the preparation of agreements and/or easement documents for the above referenced project. Prior to the preparation of the legal documents, specific information from the Developer, Owner or their authorized agent(s), is needed. Additionally, the Developer and Owner are required to execute all agreements, post all sureties, and pay all fees prior to signature approval and recordation of the original final plat, or signature approval on the Site Development Plan. For this reason, assemble the requested documentation and make all administrative decisions carefully – the written responses are used to prepare legal documents. If documents based off of the information provided to our office are required to be revised, there will be a charge of $400 per agreement, up to $1,600.

Please complete and provide this office with the following items as soon as possible:

1. **Instruction Letter(s):** The *Instruction letter* includes information that will be used to prepare the legal agreement(s). Carefully consider the decision for each of the items listed on the form; all fields are required to be completed. All Owner(s), and Developer(s) if applicable, must be listed.

2. **Entity Information Sheet(s):** Provide an *Entity Information Sheet(s)* for each Owner and/or Developer, and all associated entities.

Listed below are the various types of entities, along with the corresponding form required. Each entity information sheet must be completed in its entirety. By the same token, any entity listed as an authorized officer, member, or partner, must also complete an entity form.

Furthermore, should an authorized signor not be available to execute the legal agreements, a copy of the recorded power of attorney, giving authority to the designated person, will be required.

- **Corporations**
- **Partnerships/Joint Ventures**
- **Limited Liability Company**
- **Individual Owners and/or Sole Proprietors**
- **Miscellaneous and Trusts**
3. **Contracts of sale and/or other legal agreements:** Provide any/all copy(ies) of active, unrecorded legal documents affecting the property, including, but not limited to, contracts of sale and/or leases.

When the administrative decisions have been made and reviewed for accuracy, return the information requested, along with the title report, to @howardcountymd.gov.

Feel free to contact our office at 410-313-2330 with any additional questions regarding this project.

Thank you,

Enclosures

Date: ______________________________

To: Howard County Department of Public Works
Real Estate Services Division
3430 Court House Drive
Ellicott City, Maryland 21043
Phone No. 410-313-2330

RE: P&Z File No.
Name of Subdivision/Site: Subdivision/Site Name

Dear Agent:
The following is in response to your letter dated June 10, 2021.

1. The fee simple Owner** of the property is __________________________________________________
   � Signor: ___________________________________

2. The completed and signed Information Sheets are attached: □ Yes □ No

3. A Contract of Sale** and/or Lease is applicable.
   (Attach if applicable) □ Yes □ No

4. Copy of title deed to related property □ Yes □ No

**The above responses are used to prepare legal documents; any revisions to the documents after they are prepared, and based off of the above information, will be charged $400 per agreement, up to $1,600.00.

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

Sincerely,

____________________________________
Signature
HOWARD COUNTY INFORMATION SHEET
CORPORATION

FORM A

1. CORPORATE NAME: ________________________________

2. CORPORATE ADDRESS: ________________________________

3. PRINCIPAL BUSINESS OFFICE ADDRESS: ________________________________

   TELEPHONE: (WORK) ________________________ (CELL) ________________________

   FAX: ________________________ EMAIL: ________________________

4. NAME AND ADDRESS OF RESIDENT AGENT: ________________________________

5. DATE OF INCORPORATION: ____________ STATE OF INCORPORATION: ____________

6. IF INCORPORATED IN ANOTHER STATE, IS CORPORATION REGISTERED AND QUALIFIED TO DO
   BUSINESS IN THE STATE OF MARYLAND? YES ______ NO ______

7. IS CORPORATION IN GOOD STANDING WITH THE STATE OF MARYLAND? YES ______
   NO ______

8. IS THIS A CLOSE CORPORATION? YES ______ NO ______

9. MD STATE ASSESSMENT REGISTRATION NO.: ________________________________

10. TAXPAYER IDENTIFICATION NUMBER: ________________________________

Legal documents must be executed by the Corporate President or Vice President and the signature must be
ATTested, not witnessed, by the Corporate Secretary or Assistant Secretary except in the case of a close
corporation in which the signature may be witnessed. If someone other than the President or Vice President
executes, the documents must be accompanied by a copy of Corporate By-Laws or Corporate Resolution indicating
authority of individual to bind corporation.

11. NAMES AND ADDRESSES OF ALL CURRENT OFFICERS (ATTACH ADDITIONAL PAGES, IF
    NECESSARY):

    NAME: ________________________________ TITLE: ________________________________
    ADDRESS: ________________________________

    NAME: ________________________________ TITLE: ________________________________
    ADDRESS: ________________________________

    NAME: ________________________________ TITLE: ________________________________
    ADDRESS: ________________________________

12. NAMES AND ADDRESSES OF ALL CURRENT DIRECTORS (ATTACH ADDITIONAL PAGES, IF
    NECESSARY):

    NAME: ________________________________ TITLE: ________________________________
    ADDRESS: ________________________________

    NAME: ________________________________ TITLE: ________________________________
    ADDRESS: ________________________________

I solemnly declare and affirm under the penalties of perjury that the information contained within and
attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)
# HOWARD COUNTY INFORMATION SHEET

## PARTNERSHIP OR JOINT VENTURE

1. **PARTNERSHIP OR JOINT VENTURE NAME:**

2. **PRINCIPAL BUSINESS OFFICE ADDRESS:**

   **TELEPHONE:**
   - (WORK) __________________
   - (CELL) __________________

   **FAX:** __________________

   **E-MAIL:** __________________

3. **NAME AND ADDRESS OF GENERAL PARTNERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):**

   Each corporation, partnership, joint venture, or organization identified as a General Partner must be fully identified on its own Information Sheet. All agreements between Howard County and a partnership or joint venture are to be executed by the Managing Partner and a General Partner, which may be the same person or entity.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
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4. **NAME AND ADDRESS OF LIMITED PARTNERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):**

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
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5. **NAME OF MANAGING PARTNER:**

6. **DATE PARTNERSHIP WAS FORMED:**

7. **MD STATE ASSESSMENT REGISTRATION NO.:**

8. **TAXPAYER IDENTIFICATION NUMBER:**

9. **IS PARTNERSHIP AGREEMENT RECORDED AMONG THE LAND RECORDS?**
   - **YES**
   - **NO**

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

   **(Authorized Signature) (Date)**

   **(Type or Print Name) (Title)**

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**ATTACH COPY OF STATEMENT OF PARTNERSHIP AUTHORITY IF ONE HAS BEEN FILED WITH THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION.**
HOWARD COUNTY INFORMATION SHEET
LIMITED LIABILITY COMPANY (L.L.C.)
(Not to be used by Limited Liability Limited Partnership)

1. L.L.C. NAME: _________________________________________________________
2. L.L.C. ADDRESS: _______________________________________________________
3. PRINCIPAL BUSINESS OFFICE ADDRESS: ________________________________

TELEPHONE: (WORK) __________________ (CELL): __________________________
FAX: ___________________________ EMAIL: _________________________________

4. NAME AND ADDRESS OF RESIDENT AGENT: _____________________________

5. DATE OF FORMATION: _________ STATE OF FORMATION: ___________________

6. IF ORGANIZED IN ANOTHER STATE, IS L.L.C. REGISTERED TO DO BUSINESS IN THE
STATE OF MARYLAND?           YES      NO

7. MD STATE ASSESSMENT REGISTRATION NO.: _________________________________

8. TAX IDENTIFICATION NUMBER: ___________________________________________

Each corporation, partnership, joint venture, or organization identified as a Member must be fully
identified on its own Information Sheet. All agreements between Howard County and a Limited Liability
Company (L.L.C.) are to be executed by a Member of the L.L.C. who is authorized to act as an agent of
the L.L.C.

9. NAMES AND ADDRESSES OF MEMBERS WHO ARE AUTHORIZED TO ACT AS AN AGENT
OF THE LIMITED LIABILITY COMPANY (ATTACH ADDITIONAL PAGES, IF NECESSARY):

NAME: _______________________________ TITLE: _____________________________
ADDRESS: ______________________________________________________________

NAME: _______________________________ TITLE: _____________________________
ADDRESS: ______________________________________________________________

NAME: _______________________________ TITLE: _____________________________
ADDRESS: ______________________________________________________________

10. NAMES AND ADDRESSES OF ANY OTHER MEMBERS OF THE LIMITED LIABILITY
COMPANY (ATTACH ADDITIONAL PAGES, IF NECESSARY):

NAME: _______________________________ TITLE: _____________________________
ADDRESS: ______________________________________________________________

NAME: _______________________________ TITLE: _____________________________
ADDRESS: ______________________________________________________________

I solemnly declare and affirm under the penalties of perjury that the information contained within and
attached hereto is true, correct and complete.

(Certified Signature) (Date)

(Type or Print Name) (Title)
HOWARD COUNTY INFORMATION SHEET  
FORM D  
SOLE PROPRIETORSHIP (or Individual Homeowner(s))

SOLE PROPRIETOR’S NAME: ____________________________________________

ADDRESS: ______________________________________________________________________________________

______________________________________________________________________________________________

TELEPHONE: (WORK) ______________________ (CELL) ______________________

FAX: ______________________________ E-MAIL: ______________________________

I do solemnly declare and affirm under the penalties of perjury that the information contained within is true and correct to the best of my knowledge.

(Signature) (Date)                       (Signature) (Date)

(Type or Print Name)                     (Type or Print Name)

* * * * * * * * * * * * * * * * * * * * * *

IF APPLICABLE

BUSINESS OR TRADE NAME: ________________________________

MD STATE ASSESSMENT REGISTRATION NO. (Business License): ______________________

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Signature) (Date)

(Type or Print Name)
HOWARD COUNTY INFORMATION SHEET
MISCELLANEOUS ORGANIZATION

FORM E

THIS FORM IS NOT TO BE COMPLETED BY A CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY, OR SOLE PROPRIETORSHIP.

1. TYPE OF ORGANIZATION: 

2. NAME OF ORGANIZATION: 

3. OFFICE ADDRESS: 

__________________________________________________________

TELEPHONE: (WORK) ___________________ (CELL) ___________________

4. MD STATE ASSESSMENT REGISTRATION NO. (Business License): 

5. TAXPAYER IDENTIFICATION NUMBER: 

6. TAX EXEMPT? YES ________ NO ________

7. NAMES AND ADDRESSES OF TRUSTEES, DIRECTORS, ETC. (THOSE EMPOWERED TO ACT ON BEHALF OF THE ORGANIZATION. ATTACH ADDITIONAL PAGES, IF NECESSARY):

   NAME: _________________________________ TITLE: _________________________________
   ADDRESS: _________________________________
   NAME: _________________________________ TITLE: _________________________________
   ADDRESS: _________________________________
   NAME: _________________________________ TITLE: _________________________________
   ADDRESS: _________________________________
   NAME: _________________________________ TITLE: _________________________________
   ADDRESS: _________________________________

If the authority to execute documents on behalf of the organization is not apparent in the Corporations and Associations Article of the Annotated Code of Maryland by virtue of the title an individual holds in an organization, written documentation of such authority must accompany the executed documents.

8. NAMES AND TITLES OF THOSE AUTHORIZED TO EXECUTE ON BEHALF OF THE ORGANIZATION:

   NAME: _________________________________ TITLE: _________________________________
   NAME: _________________________________ TITLE: _________________________________
   NAME: _________________________________ TITLE: _________________________________

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

_________________________________________  ________________
(Authorized Signature)  (Date)

_________________________________________  ________________
(Type or Print Name)  (Title)