

MAP REQUEST FORM

NAME: _____

COMPANY/ POSITION: _____

MAP REQUIRED: _____

(Type of map, location, showing what)

PURPOSE OF MAP: _____

(How will it be used)

DATA REQUIRED: _____

(E.g. roads, parish boundary, rivers, images etc.)

SIZE OF MAP: LETTER LEGAL TABLOID 24X36 36X48

DELIVERY FORMAT: PRINTED JPEG TIFF PDF CAD Shp file

KML OTHER

NUMBER OF COPIES: _____

EMAIL: _____

TELEPHONE: _____

SPECIAL INSTRUCTIONS: _____

DATE OF REQUEST: _____ **SIGNATURE:** _____

DATE REQUIRED: _____

FOR OFFICIAL USE

GIS OFFICER ASSIGNED: _____ **DATE COMPLETED:** _____

(dd/mm/yy)

SIGNATURE: _____

Forms must be submitted a minimum of THREE (3) days prior to the date the map is required. Turnaround time for map delivery is approximately 3 days or as agreed.