



COMMUNITY DEVELOPMENT

GIS REQUEST FORM

Please return completed form to the GIS Dept in Building 108

<input type="checkbox"/> Development Review	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Zone Change	<input type="checkbox"/> CUP	<input type="checkbox"/> Other: _____
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Working Title of Project: _____

Parcel Number(s) of Project: _____

Date Requested: _____ Deadline Maps Needed: _____

Submitter: _____ Department/Organization: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

11x17 (600ft) Vicinity Map ___ Quantity ___ Electronic Image

8½x11 Aerial Map ___ Quantity ___ Electronic Image

8½x11 ___ft Ownership Map ___ Quantity ___ Electronic Image

Spreadsheet of Owners ___ Quantity ___ Electronic Image

Mailing Labels ___ Quantity ___ Electronic Image

8½x11 (150ft) Properties Map ___ Quantity ___ Electronic Image

Slope Analysis ___ Quantity ___ Electronic Image

Additional Maps or Notes:

FOR CITY USE ONLY

Completion Date: _____ Hours Required: _____

Storage Area: _____