



INFORMATION TECHNOLOGY

GIS GENERAL REQUEST FORM

Please return completed form to the GIS Dept in Building 108

Map:	Data:	Labels:	Report:	Other:
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Date Requested: _____ Date Needed: _____

Submitter: _____ Department/Organization: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Description: _____

Title (For Vicinity Maps): _____

Standard Maps:

Zoning Map	Slope Analysis
Official Street Map	Topographic Map
Official Trail Map	Parcel Information
Sewer Phasing Map	Vicinity Map
Subdivision Map	Aerial Map
Community Plan Map	_____ ft with Owners With labels?

Layers Required:

Paper Size or Scale: _____

A 8.5X11:	B 11X17:	C 17X22:	D 22X34:	E 34x44:	Other:
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FOR CITY USE ONLY

Completion Date: _____ Hours Required: _____

Storage Area: _____