



DEPARTMENT OF
INFORMATION TECHNOLOGY &
GEOGRAPHIC INFORMATION SYSTEMS

Thomas Lannon Sr.
Director

GIS Digital Data Service Request

Name (Printed) Signature Date of Request

Company/Agency

Address

Telephone Fax E-Mail

Type of Spatial Information Needed:

Purpose of Request:

_____ Delivery Date Requested: _____

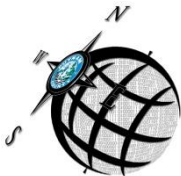
Hardcopy: Indicate Size & Number of Copies

Digital Data: Indicate Media & File Format

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Cost / Note	_____	Media	_____	Payment Rec'd.	_____
Approved	_____	Shipping	_____	Completed	_____



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