GIS Custom/Special Project Map Request

Note: This is a REQUEST for work to be completed. Consult with a GIS Staff Member who will determine the cost and expected date of delivery. A letter authorizing work and payment is needed BEFORE the work can begin.

Date of Request: _____ Desired Completion Date: _____

Name: _____ Phone: _____

Organization/Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Payment Information for County Departments Only.

Charge Work Order Number: _____

Billing Contact: _____ Phone: _____

Note: If the Journal Entry Information is completed, please use Work Order 872028, task code ZGMP, on your timesheet.

Journal Entry Information

Fund	DeptID	Account	Project/Grant	Program	Class

Project Information

Type of Media (Check One): ☐ Paper ☐ Photo Paper ($2.50 per lin ft) ☐ Clear/Overlay ($2.50 per lin ft)

Map Title/Heading: _____

Sub-Title (If Desired): _____

Size of Finished Map: _____ X _____ Scale of Map: _____
Inches Inches

Describe **in DETAIL** the information to be shown on the Map and/or Report. Attach additional paper if more space is needed.

Some commonly requested layers are listed below. For additional layers or information contact a GIS Staff Member.

Aerial (2007)
Assessor's Book Boundary
City Annexations
City Boundaries
Contours
Faults & Fault Zones
Flood Plains
Highways
Parcel Lines
School Districts
Street Names
Supervisorial Districts
Township/Ranges
Water Bodies
Zoning

Estimated number of hours: _____ X's Hourly Rate: $135.00 = $ _____

County Use Only

Actual number of hours: _____ X's Hourly Rate: $135.00 = $ _____

Total Project Cost (Enter here and on front of form) $ _____

Description: GIS Maps, Revenue Code: 20200-3100100000-780040 (Speed Key: 310010-R06)

Revised: 06/11/09

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