

CUSTOMER INFORMATION

Aerial Photo

Parcels / Parcel Numbers

Municipality Boundaries /

Municipality Names

Name		Company / Organ	Company / Organization			
Address		L				
City	State	Zip	Zip Phone			
Email Address						
MAP INFORMATION						
1. Date Needed By:	Project Name /	Title of Map:				
2. What are you trying to accomplish? 4. What format would you like this map in?				t would you like this map in?		
			☐ ELECTRON	IC .jpg / .jpeg .pdf .png other:		
			☐ HARDCOPY	HARDCOPY (postage rates apply if mailed) Qty:		
			5. What size w	5. What size would you like this map in?		
			<u>Letter</u> 8.5x11 <u>Ledger</u> 11x17 <u>Arch D</u> 24x36 <u>Arch E</u> 36x48			
			Custom:			
3. What types of decisions might be made by looking at this map?			Printing Fees Basic Map 8.5" X 11" b/w or color \$2.00 Basic Map 11" X 17" b/w or color \$4.00 Basic Map 24" X 36" b/w or color \$30.00 Basic Map 36" X 48" b/w or color \$40.00 Custom Size (no wider than 40") \$0.025 per square inch Digital Map Digital Map** \$35.00 per Hour (Half Hour minimum \$17.50) per Map *If Digital Map is to be printed, printing fees apply in addition to the Digital Map fee. **Digital Maps are electronically sent, if needed to be mailed there will be a fee for flash drive and postage. Prices subject to change			
5. What types of features should the map display for it to be useful? Select all that apply.						
County Base		Roads / Road Names		School Districts		
Municipal Base-portrait		Railroads		Zoning		
Municipal Base-landscape		Bridges		Land Use		

7. What is the Geographic extent to be covered by this map? (check all that apply)

County

Municipal

Parcel

Other:

2 ft. contours

Other:

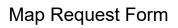
Lakes

Streams

Watersheds

Disclaimer: Map features are representation of original date sources and do not replace or modify land surveys, deeds or other legal instruments defining land ownership and use.

Date is furnished on an as-is basis, without any support whatsoever and without representation or warranty including but not limited to fitness, suitability, accuracy or completeness





Ad	diti	ional	l No	tes

Office Use Only

Request Completed by:		Date Received	Date Requested By	Date Completed
Hours Billed	Billable Rate	Printing Costs	In-Kind Costs	Total Fee