## Request Form for GIS Data, Maps, and Services Please fill out the following form as completely as possible.

Date:
Name:
Company:
Billing Address:
Phone Number:
Fax:
Email:
How will you receive your request? (check your preference below) Pick-up at Public Service Building
Mail E-Mail
E-wan
Shipping Address (if mailed)

Service Requested: (please fill in the quan	itity)	
Paper Map		
Color	Black and White	
Digital Map		
	pdf	
tif	other (please describe at bottom)	
Digital Data Layer (shapefile	e or similar)	
Other (please describe at botton	m)	
Map Size:8.5x1111x17	18x24	
Map Extent: North	e.g. CR2	
South		
East		
West		
	e.g. parcel boundary	
Map Scale:	o.g. poor oomiduity	
Orthophotography Background?	No	
Layers: Please refer to the list of available layers.		
Description of Request/Comments:		
V 'II '		

You will receive a copy of our limited Date Usage Agreement with a statement of the services requested and charges. This must be signed and returned (by mail, fax, or email) and payment received before your request will be fulfilled.

You may mail, fax, or email this form to:

Marc Watson, GIS Coordinator

Elkhart County Planning & Development 4230 Elkhart Road, Goshen, IN 46514

Fax: 574-971-4578 mwatson@elkhartcounty.com