

WinGIS Data Request Form

Name: _____ Date: _____
 Organization: _____ Phone: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ FAX # _____ E-Mail _____

Please check one: _____ Consultant
 _____ WinGIS Agency Business
 _____ Government Agency Not-for-profit

Consultant Information:
 Hired by _____ (name of WinGIS agency)
 Approval to Proceed by WinGIS Agency _____
(signature of contact from WinGIS agency)

Area:
 For area desired, please list N,S,E and W street boundaries, attach boundary map or include xy coordinates or other information.

N _____
 S _____
 E _____
 W _____

_____ Boundary Map Attached

Hard Copy Map Sizes/Prices* (select if applicable)
 If you are interested in receiving a hard copy map along with your digital request, please indicate size and quantity (Not available to commercial businesses).

Size	Fee	Quantity	Total
8.5"x11"	\$1	_____	_____
8.5"x14"	\$2	_____	_____
11"x17"	\$5	_____	_____
24"x36"	\$15	_____	_____
24"x48"	\$20	_____	_____

*These fees represent the cost to produce hard copy versions of the data. Price does not include data, labor for compilation or media.

Data Type (please check all that apply)

_____ Orthophotography*
 _____ Contours / Spot Elevations
 _____ Hydrgraphic Centerlines
 _____ Streets (will be provided in a shapefile format)

Other: _____
(Name of Data)

Data Format (indicate one format)

_____ tif _____ jpeg
 _____ shapefile _____ AutoCAD dwg
 _____ shapefile _____ AutoCAD dwg

**AutoCAD Map is required by AutoCAD users to view georeferenced tif files. If your agency does not have AutoCAD Map and will be using AutoCAD to view the orthophotography tif files, the tifs will need to be manually anchored.*

Fax your completed data request to the number below



404 Elm Street - Room 304
 Rockford, IL 61101
 Phone: 815-961-3848; FAX: 815-987-1854

For Office Use:	Initials
Date Request Received: _____	_____
Date Data Delivered: _____	_____
Date Payment Received: _____	_____
Circle One: Cash _____ Check (indicate # _____)	
Date Returned by Contractor: _____	
Date: _____ Initials _____	