

# *iMap Request Form*

**24 Hour Waiting Period For Aerial Photos**

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Please describe the Project Area Extents using one or more of the following:**

Property Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific Project Area Description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Northern Street: \_\_\_\_\_  
 Southern Street: \_\_\_\_\_  
 Eastern Street: \_\_\_\_\_  
 Western Street: \_\_\_\_\_

Township: \_\_\_\_\_  
 Section: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_

**Available Map Layers:**

- Aerial Photography
- Parcel Data (Property Lines)
- Contour Data (Topography)
- Street Centerlines (Road Names)
- Addresses (Structure Points)

Map Title: \_\_\_\_\_

Scale Requirements (optional): \_\_\_\_\_

<u>OUTPUT</u>	<u>COST</u>	<u>QUANTITY</u>
<input type="checkbox"/> 8 1/2 x 11	\$ 4	<input type="text"/>
<input type="checkbox"/> 11 x 17	\$ 15	<input type="text"/>
<input type="checkbox"/> 17 x 22	\$ 15	<input type="text"/>
<input type="checkbox"/> 22 x 34	\$ 30	<input type="text"/>
<input type="checkbox"/> 34 x 44	\$ 30	<input type="text"/>
<input type="checkbox"/> Digital Data	Custom	

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Price: \$ \_\_\_\_\_

Paid Code: \_\_\_\_\_

Receipt Number \_\_\_\_\_

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