

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 _____

Allen County GIS
 200 E. Berry St.
 Suite 415
 Fort Wayne, IN 46802



Phone: (260)449-3608
 Fax: (260)449-7568
 Email: dave.estes@allencounty.us