

## G.I.S. / Map Order Form

Name:		Date Ordered:		Date Needed:		Price Quoted \$	Shipping: \$
Address:		Mailing Address (if Different)				Ship when ready:   Call when ready:   Other:	Total: \$ Order Taken by:
Phone Number: ( )		E-Mail Address:					
Order Information							
Type: Map Digital Data	Map Order Detai						· · · · · · · · · · · · · · · · · · ·
Digital Data:  Layers:	Page Size: (Please check Or  A - (8 ½ X 11)  B - (11 X 17)	)					
File Type Please Check One	C - (17 X 22) D - (22 X 34) E - (34 X 44)						
ESRI: Shape File (.shp) PDF Send Via:	Custom:  Map Layers to inclu (please circle selections)  Precincts Cities Water Features Primary Roads Streets/Name/Labels Highways District Boundaries*	S .	Order Complet	ed By:		Date Completed:	
USFS	*Please note details to right.			J ·			