



# RENSSELAER COUNTY BUREAU OF RESEARCH & INFORMATION SERVICES

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COUNTY EXECUTIVE

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## GIS Map Request Form

Please return this form to the address at the bottom or fax to 518-270-2979.  
*Materials and Custom Service Fees Apply*  
*Requests take a minimum of 5 business days for completion.*

Requested By: Agency/Company \_\_\_\_\_  
In Conjunction with: (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Department Head: (County Only) \_\_\_\_\_ Signature: \_\_\_\_\_  
**Approval from Department Head needed if requestor is from a county agency.**

Description of Map: \_\_\_\_\_  
**MUST BE DETAILED**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Map Used For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Media Format (Circle One): **Black & White**  **Color**  Size (Circle One): **8.5x11**  **11x17**  **18x24**  **24x36**  **36x48**

### Departmental Use Only

Request ID# \_\_\_\_\_ Request Received: \_\_\_\_\_  
Received By: \_\_\_\_\_ Approved (Date): \_\_\_\_\_

Custom Work: **Y**  **N**  File Location: \_\_\_\_\_

Request Completed: \_\_\_\_\_ Invoice # \_\_\_\_\_ Deposit: \_\_\_\_\_  
Shipping Fee: \_\_\_\_\_ Media Fee: \_\_\_\_\_ Services Fee: \_\_\_\_\_ Total: \_\_\_\_\_

Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_ Project Time: \_\_\_\_\_

Revision 12/06