

Jo Daviess County Geographic Information System

Digital Data Request Form



Name: _____	Date: _____
Organization: _____	Phone: _____
Address: _____	
City: _____	State: _____ ZIP Code: _____
Fax: _____	Email: _____

Data Type: (please check all that apply)	
_____ 2021 Orthophotography (6" resolution, color):	_____ MRSID _____ TIFF
_____ Historical Orthophotography (1 foot & 6 inch available for certain years)	_____ MRSID _____ TIFF
_____ Two-foot Contours (limited areas in DXF or DGN format, depending on the areas selected)	
_____ Ten-foot Contours (countywide in DGN format)	_____ Road Centerlines
_____ Parcel Boundaries	_____ Address Locations _____ Township Boundaries

Area: (please use the options below to describe the location for the data being requested)	
Owner's Name _____	Site Address _____
PLSS Township (Section, Township, & Range) _____	
Parcel ID # _____	Political Township (i.e. Rawlins) _____
Other Description _____	

Boundary Map Attached (please check if map is being provided) _____	

Delivery Format: (please complete the following)	
_____ I will pick up data (media costs apply)	_____ Please Email (size permitting) to the following
address: _____	I will download from the County's secure portal _____

Please submit this form using one of the following methods:

Fax: (815) 777-9422
Email: gis@jodaviesscountyil.gov

Mail: Jo Daviess County GIS Department
County Courthouse Room 101
330 North Bench Street
Galena, IL 61036

Jo Daviess County Geographic Information System

Digital Data Request Form



Cost Estimate: (to be provided by Jo Daviess County GIS staff)

\$ _____ **Labor** (minimum billed in half-hour increments)

\$ _____ **Digital Data License** (Details: _____)

\$ _____ **Media** (Details: _____)

\$ _____ **Shipping & Handling** (if applicable)

\$ _____ **Total Cost**

Approval to proceed: _____
(Signature of Licensee) (Date)

***** A signed digital data license agreement is also required before this order can be completed. The digital data license agreement will be provided with your cost estimate.**

JO DAVIESS COUNTY ***Geographic Information System***

County Courthouse, Room 101
330 North Bench Street
Galena, IL 61036

Phone: (815) 776-9297

Fax: (815) 777-9422

Email: gis@jodaviesscountyil.gov

Website: www.jodaviesscountyil.gov

For Office Use:

Initials

Date Request Received: _____

Date Approved Request
Form and Signed License
Agreement Received: _____

Date Payment Received: _____

Circle One:

Cash Check (indicate # _____) Credit Card

Date Request Processed: _____

Quote # _____

Please submit this form using one of the following methods:

Fax: (815) 777-9422

Email: gis@jodaviesscountyil.gov

Mail: Jo Daviess County GIS Department
County Courthouse Room 101
330 North Bench Street
Galena, IL 61036