

Jo Daviess County Geographic Information System



Hard Copy Data Request Form

Payment is required before requests are processed. Requests will be completed within 7 days of receiving payment.

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

Data Type: (please identify the number of maps requested)	
____ 2015 County Road Map (fold-out)	____ 2015 Address & Road map (fold-out)
____ Custom B&W Printouts (8.5" x 11")	____ Custom B&W Printouts (11" x 17")
____ Custom B&W or Color Maps (8.5" x 11")	____ Custom B&W or Color Maps (11" x 17")
____ Custom B&W or Color Maps (24" x 24")	____ Custom B&W or Color Maps (24" x 30")
____ Custom B&W or Color Maps (24" x 36")	____ Custom B&W or Color Maps (36" x 36")
____ Custom B&W or Color Maps (36" x 42")	____ Custom B&W or Color Maps (36" x 48")
____ Custom B&W or Color Map (Please specify the size requested) _____	

Area: (please use the options below to describe the location for the area 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) _____ Desired Map Scale _____	

Delivery Format: (please complete the following)	
____ I will pick up map(s)	____ Please Mail (Shipping charges apply)
____ Please Email in PDF format to the following address: _____	

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

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<p>Cost Estimate: (to be provided by Jo Daviess County GIS staff)</p> <p>\$ _____ Labor (minimum billed in half-hour increments)</p> <p>\$ _____ Material (Details: _____)</p> <p>\$ _____ Shipping & Handling (if applicable)</p> <p>\$ _____ Total Cost</p> <p>Approval to proceed: _____ <i>(Signature of Licensee)</i> <i>(Date)</i></p>

<p style="text-align: center;"><i>JO DAVIESS COUNTY</i> <i>Geographic Information System</i></p> <hr/> <p style="text-align: center;">County Courthouse, Room 101 330 North Bench Street Galena, IL 61036</p> <p style="text-align: center;">Phone: (815) 776-9297 Fax: (815) 777-9422 Email: gis@jodaviesscountyil.gov Website: www.jodaviesscountyil.gov</p>

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: _____	_____

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