COUNTY OF WASHINGTON
DEPARTMENT OF GEOGRAPHIC INFORMATION SYSTEMS

REQUEST FOR MAP CORRECTION OR SPECIAL MAP PRODUCT

INSTRUCTIONS: This REQUEST FOR MAP CORRECTION OR SPECIAL MAP PRODUCT form (1 page) should be completed and submitted for each request for review and correction of a GIS mapping database error and/or to request creation of special map products (paper or electronic) by the Department of GIS. Please allow a minimum of 5 working days to complete special map products requests.

Please provide the information requested below in as much detail as possible and forward this form by e-mail or paper via interoffice mail to the Department of GIS to bmoore@washcova.com and hlawson@washcova.com, and also copy to the Department of Information Technology to nculberson@washcova.com.

REQUESTING PARTY INFORMATION

NAME OF REQUESTING PARTY: _____

POSITION TITLE & DEPARTMENT: _____

DATE OF REQUEST: _____ **DATE NEEDED:** _____

DESCRIPTION OF GIS MAPPING DATABASE ERROR

BELOW PLEASE DESCRIBE IN AS MUCH DETAIL AS POSSIBLE THE ACTUAL OR PROBABLE ERROR IN THE GIS MAPPING DATABASE YOU HAVE ENCOUNTERED:

DESCRIPTION OF SPECIAL MAP PRODUCT REQUEST

BELOW PLEASE DESCRIBE IN AS MUCH DETAIL AS POSSIBLE THE TYPE OF SPECIAL MAP PRODUCT TO BE PRODUCED. PLEASE ALSO SPECIFY NUMBER AND SIZE OF PAPER COPIES NEEDED OR WHAT FORMAT YOU WISH THE MAP PRODUCT FORWARDED TO YOU:

FOR DEPARTMENT OF GIS USE ONLY

DATE REQUEST RECEIVED: _____ **WORK PERFORMED BY:** _____

NUMBER OF HOURS TO COMPLETE: _____ **DATE WORK COMPLETED:** _____

NOTES:

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REVISED 03-04