



COUNTY OF SURRY, NORTH CAROLINA GIS Work Request Form			
Contact Information	Order Date	Date Required	Completion Date
Name:			
Address:	Schedule of Fees: Custom Map 8.5"x11" (\$2.50) (add \$2.50 for color Aerials) Custom Map 11"x17" (\$5.00) (add \$2.50 for color Aerials) Custom Map 24"x36" (\$10.00) (add \$5.00 for color Aerials) Custom Map 36"x36" (\$15.00) (add \$5.00 for color Aerials)	Quantity — — — —	Quantity Custom Map 36"x48" (\$20.00) (add \$5.00 for color Aerials) Data CD (\$20.00) Data DVD (\$35.00) Custom work exceeding 1 hour. (Price of Map or CD plus \$25.00 per each additional hour.)
Phone # :			
Dept (If Applicable):			
Return Request To: Tax Department			
Received By: _____			
Approved By: _____			
Approved By: _____ Cathy A. Booker			
Preferred Title of Map: _____			
Available Layers		Labels: (We may not be able to fit all labels checked depending on map scale.)	
<input type="checkbox"/> Parcels	<input type="checkbox"/> 20ft <input type="checkbox"/> 10ft <input type="checkbox"/> 5ft	<input type="checkbox"/> Parcel # <input type="checkbox"/> Name <input type="checkbox"/> Acres <input type="checkbox"/> Deed Bk/Pg <input type="checkbox"/> Plat Bk/Pg <input type="checkbox"/> Dim	
<input type="checkbox"/> Roads		<input type="checkbox"/> Road Name	
<input type="checkbox"/> Water		<input type="checkbox"/> Name	
<input type="checkbox"/> Flood Zones		<input type="checkbox"/> Flood Type	
<input type="checkbox"/> Contours		<input type="checkbox"/> Elevation	
<input type="checkbox"/> Address Points		<input type="checkbox"/> Address	
<input type="checkbox"/> Building Polygons		N/A	
<input type="checkbox"/> 2005 Orthos (Color Aerial Photos)		N/A	
<input type="checkbox"/> 1998 Orthos (Black and White Aerial Photos)		N/A	
<input type="checkbox"/> Fire Hydrants		N/A	
<input type="checkbox"/> Fire Department Response Districts		<input type="checkbox"/> Station Name <input type="checkbox"/> Station #	
<input type="checkbox"/> Fire Tax Districts		<input type="checkbox"/> Station Name <input type="checkbox"/> Station #	
<input type="checkbox"/> Rescue Squad Districts		<input type="checkbox"/> Station Name <input type="checkbox"/> Station #	
<input type="checkbox"/> EMS Districts		<input type="checkbox"/> Station #	
<input type="checkbox"/> Sherriff's Department Districts		<input type="checkbox"/> Area #	
<input type="checkbox"/> First Responder Districts		<input type="checkbox"/> Station #	
<input type="checkbox"/> Townships		<input type="checkbox"/> Township Name	
<input type="checkbox"/> Voter Districts		<input type="checkbox"/> District	
<input type="checkbox"/> Municipalities		<input type="checkbox"/> Municipality Name	
<input type="checkbox"/> Elevation Raster File (Similar to a shaded relief.)		N/A	
<input type="checkbox"/> US Census Tracts		<input type="checkbox"/> Tract #	
<input type="checkbox"/> School Districts <input type="checkbox"/> Elementary <input type="checkbox"/> High <input type="checkbox"/> Middle		<input type="checkbox"/> School District Name	Time Allocation
<input type="checkbox"/> Railroads		N/A	Processing:
<input type="checkbox"/> Other layers not listed: _____		<input type="checkbox"/> _____	Mapping:
<input type="checkbox"/> Buffer Radius: _____		<input type="checkbox"/> _____	Printing:
Notes or Special Instructions			
Please attach this completed form to your email if replying to the Tax Department electronically.			