



**COUNTY OF SURRY, NORTH CAROLINA  
GIS Work Request Form**

Contact Information	Order Date	Date Required	Completion Date
Name: _____	_____	_____	_____
Address: _____	<b>Schedule of Fees:</b> Custom Map 8.5"x11" (\$2.50) (add \$2.50 for color Aerials) <b>Quantity</b> _____ 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)      _____		<b>Quantity</b> 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: _____			

Preferred Title of Map: \_\_\_\_\_

Available Layers	Labels: (We may not be able to fit all labels checked depending on map scale.)	Time Allocation
<input type="checkbox"/> Parcels	<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"/> Dimensions	
<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"/> 20ft <input type="checkbox"/> 10ft <input type="checkbox"/> 5ft	<input type="checkbox"/> Elevation	
<input type="checkbox"/> Address Points	<input type="checkbox"/> Address	
<input type="checkbox"/> Building Polygons	N/A	
<input type="checkbox"/> Orthos (Color 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"/> Law Enforcement 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"/> Voting Districts	<input type="checkbox"/> District Name	
<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	Processing:
<input type="checkbox"/> Railroads	N/A	Mapping:
<input type="checkbox"/> Other layers not listed: _____	<input type="checkbox"/> _____	Printing:
<input type="checkbox"/> Buffer      Radius: _____	<input type="checkbox"/> _____	

**Notes or Special Instructions**

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Please attach this completed form to your email if replying to the Tax Department electronically.