

GIS MAP REQUEST FORM



To aid our staff in processing your request, please complete the form below in its entirety. A minimum of 4 days is required for all requests.

Requested By: _____
(Please Print Name)

Telephone: _____

Address: _____

Email: _____

Available Sizes (Please Specify Digital or Hardcopy)

Standard Maps (11”X17” or 42”X46”)

	Quantity	Price	Total	
<input type="checkbox"/> 8.5”X11”	_____	X \$15	_____	D/H
<input checked="" type="checkbox"/> 8.5”X14”	_____	X \$15	_____	D/H
<input type="checkbox"/> 11”X17”	_____	X \$15	_____	D/H
<input type="checkbox"/> 17”X22”	_____	X \$30	_____	D/H
<input type="checkbox"/> 22”X34”	_____	X \$30	_____	D/H
<input type="checkbox"/> 34”X44”	_____	X \$30	_____	D/H
<input type="checkbox"/> 42”X46”	_____	X \$30	_____	D/H

- Flood Plains
- Parks
- School Districts
- Soil Types
- Street Addresses
- Topographical
- Transitional Overlay
- Wards/Districts
- Zoning

Postage Fee If Applicable: \$ _____ (Postage will be determined after the map request is processed.)

Total Amount Due: \$ _____

Custom Maps (Describe in detail the area of Mt. Lebanon you want to see on the map.)

Select from the list below the map layers you want on the map.

- Aerial Photography***
- Address Numbers
- Building Footprints
- Contour Lines
- Fire Hydrants
- Light Rail Transit
- Municipal Trees
- Municipal Boundary
- Property Dimensions
- Property Lines
- Sanitary Sewers***
- Sidewalks
- Storm Sewers***
- Streams & Lakes
- Street Curbs
- Street Names

****Aerial Photography, Sanitary Sewer, and Storm Sewer data is not available for maps covering the entire municipality.*

Purpose of Map (Describe the manner in which the map will be used)

This information is the property of the Municipality of Mt. Lebanon and is to be used only for the purpose indicated on this map request form. Any other use or transmission of this information without the expressed written consent of the Municipality is hereby prohibited.

Your signature below will serve as your understanding and agreement with the conditions identified above.

Signature: _____ **Date:** _____

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FOR INTERNAL USE ONLY

Payment Received By: _____

Date: _____

Date Map Completed: _____

