

Santa Fe County Assessor Mapping Section: 240 Grant Ave. PO Box 126, Santa Fe, NM, 87501; Phone 505-986-6304

Please Note: this form must be filled out completely, signed and dated to process your order!

Please return the fully completed form to the Santa Fe County GIS/Mapping Section via email or in person. If filled out by hand, please write clearly. For any required fee (identified below), please make a check payable to "Santa Fe County Assessor's Office". Please call the front office at 505-986-6300 for details about payment or email the Mapping Section.

Name of Person Requesting Data:	Company:
	Email:
Data Requested: (Refer	to the "GIS Fee Schedule" for the product list and related fees)
Geographic Extent:	
Project Description / Da	nta Use Statement: (please describe in detail the specific use(s) of the requested GIS products)
DATA FORMATS: (check one)	Images (Raster Data): □ TIFF □ JPEG □ PDF   Digital Vector Data: □ ESRI Shapefile Format   □ CAD (.dwg /.dxf) □ Other (Describe)
<b>User Type:</b> □Personal	□Commercial □Non-Profit □Municipality/Government entity
Media Type: □ CD/I	OVD
<b>Total Fees or Reciproca</b>	al Agreement Items:
any means whatsoever w internet, recording, or thr permission of Santa Fe C purposes only. By execution of this Date	part of this GIS Data may be copied, reproduced or transmitted in any form or by hether graphic, electronic or mechanical, including photocopying, posting on the rough the use of an information storage and retrieval system, without prior written ounty Assessor's Office. This data is not survey data and is for illustration as Request Form, the requesting party agrees to comply with all terms and y's GIS "Terms and Conditions" document and "GIS Fee Schedule" sheet.
Signature:	Date:
For Office Use: WO#	Received date: By: