



Department of Public Works

REQUEST FORM of Digital Format

APPLICANT INFORMATION

Date Requested: Name: Address: Tel:

Delivery: Pick Up E-Mail

Table with 4 columns: Contents, Delivery, Unit Cost per Request, Duration. Rows include GIS Custom Maps and Surveys Maps / Drawings with various options and costs.

(Each additional CD or DVD will be \$2.00 added. Cash or a check will be acceptable. Please make the check payable to "City of Richmond" 900 E. Broad St. Suite # 600, Richmond, VA, 23219)

For Staff Use Only

Date Received: Received By: Date Completed: Completed By:

Disclaimer: The City of Richmond assumes no liability either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken, or action not taken by the user in reliance upon any maps or information provided herein.

Acknowledged (Signature Required):