

GIS Data Request

Coffey County, Kansas

NAME: _____

ADDRESS: _____

PHONE: _____

REQUEST DATE: _____

Each request for access to records shall be acted upon as quickly as possible, but not later than the third business day following the date the request is received. (PP Sect. 21.3)

MAP REQUESTED

TYPE:

- Hard Copy
- Digital Copy

TYPE:

- 8.5 x 11
- 11 x 17
- 18 x 18
- 24 x 24
- 36 x 36
- Shapefile
- Geodatabase
- Other _____

FEATURES:

- Parcels
- Land Use
- Roads
- City boundaries
- Tax units
- Water Features
- Sections
- Addresses
- Aerial Photos
- LIDAR

Completed By: _____

Date: _____

ADDITIONAL INFORMATION

I certify that I have a right to the data that I have requested and will not use the data improperly.

(Signature)

(Date)