

# Jo Daviess County Geographic Information System

## Digital Data Request Form



**Payment is required before requests are processed. Requests will be completed within 7 days of receiving payment.**

Name: _____	Date: _____
Organization: _____	Phone: _____
Address: _____	
City: _____	State: _____ ZIP Code: _____
Fax: _____	Email: _____

<b>Data Type:</b> (please check all that apply) _____ Planimetric Data (City of Galena <u>only</u> in DXF format)	
_____ 1"=100' Orthophotography (limited areas please select format):	_____ MRSID _____ TIFF
_____ 1"=400' Orthophotography (countywide please select format):	_____ MRSID _____ TIFF
_____ Two-foot Contours (limited areas in DXF or DGN format, depending on the areas selected)	
_____ Two-foot DTM (limited areas in ASCII format)	_____ DEM (limited areas in ASCII format)
_____ Ten-foot Contours (countywide in DGN format)	_____ Ten-foot DTM (countywide in ASCII)

<b>Area:</b> (please use the options below to describe the location for the data being requested)	
Owner's Name _____	Site Address _____
PLSS Township (Section, Township, & Range) _____	
Parcel ID # _____	Political Township (i.e. Rawlins) _____
Other Description _____	
_____	
Boundary Map Attached (please check if map is being provided) _____	

<b>Delivery Format:</b> (please complete the following)	
Media Type Requested: _____ CD _____ ZIP disk _____ Floppy disk (Not available for most data)	
_____ <b>I will pick up data</b>	_____ <b>Please Mail</b> (Shipping charges apply)

Please submit this form using one of the following methods:

Fax: (815) 777-9422  
Email: [gis@jodaviess.org](mailto:gis@jodaviess.org)

Mail: Jo Daviess County GIS Department  
County Courthouse Room 101  
330 North Bench Street  
Galena, IL 61036