

Mapping / GIS / Records Request

Complete the entire form (two pages) and submit to Facilities Information Services (gisbis@purdue.edu) for approval and processing.

Acceptance of Understanding

Completing or Signing this document implies that you have read, understand and agree to the following:

- It is understood that the content may or may not contain sensitive information and discretion will be used.
- The only people authorized to use this information are the requester and any individuals specifically involved with the identified use.
- Any use of this information other than that described below must be approved by the Administrative Operations representatives in writing prior to use.
- This information is not to be circulated to anyone without prior written communication with the appropriate Administrative Operations representatives.
- Upon dispersal and intended use, data must be destroyed so that it may not be used again.

Request Information

Physical Facilities building, mapping, GIS information and/or archival records are being given to you for the use described below.

The requested information will be used for (list the project, project number (if applicable), description of work, date range):

I am requesting the following information/data (list all data needed for this project.)

Deliverables Requested (list all formats, sizes, outputs, delivery methods and options being requested):

Date and time needed by: _____

Once the request is reviewed and approved, please allow up to five business days to fulfill the request depending on the detail requested.

***Utility items require additional approval and can delay the process slightly.**

Requester Name: _____ Phone: (____) ____-_____

Email: _____

Best time to contact you with questions: _____

Preferred method of contact for any questions (circle all that apply) PHONE EMAIL IN-PERSON

Capital Asset Management Authorization Signature: _____ **Date:** ____ / ____ / ____

(Project Manager, Senior Director, Group Manager or Administration)

Outside of Capital Asset Management Use Acceptance Signature: _____ **Date:** ____ / ____ / ____

(A/E Firm, Contractor, Purdue Faculty, Purdue Staff or Purdue Administration)

Draw box(s) around area(s) of interest (Attach other maps/documents as necessary to describe area in more detail):

