Mapping / GIS / Records Request

Complete the entire form (two pages) and submit to Maps and Records group (gisbis@purdue.edu) for approval and processing.

Acceptance of Understanding
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 above must be approved by the Physical Facilities representatives in writing prior to use.
- This information is not to be circulated to anyone without prior written communication with the appropriate Physical Facilities representatives.
- Upon disposal, 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, 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, it can take up to 5 business days to fulfill the request depending on the detail requested.

Name: __________________________________________ Phone: (_____) _____-__________ FAX: (_____) _____-__________

Email: ________________________________________________________________________________________________________________

Best time to contact you with questions:
________________________________________________________________________________________

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

Physical Facilities Authorization Signature: ___________________________________________ Date Requested: ___ / ___ / _____
(Project Manager, Senior Director, Group Manager, or Administration)

Outside of Physical Facilities Use Acceptance Signature: ____________________________ Date Requested: ___ / ___ / _____
(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)