



**CLAYTON COUNTY  
COMMUNITY DEVELOPMENT DEPARTMENT  
GIS Map/Data Request Form**

Please submit completed form to [gisdata@co.clayton.ga.us](mailto:gisdata@co.clayton.ga.us)

Materials and Custom Service Fees may apply. Requests take a minimum of 5 business days for completion.

Requested By: Agency/Company \_\_\_\_\_

In Conjunction with: (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department Head: (County Only) \_\_\_\_\_ Signature: \_\_\_\_\_

Approval from Department Head required if requestor is from a county agency.

**Description of Map:** \_\_\_\_\_

**Desired layers:** \_\_\_\_\_

\_\_\_\_\_

**Desired completion date:** \_\_\_\_\_

**Purpose of Map/Data:** \_\_\_\_\_

**Media Format** (Select One): **Paper**      **PDF**      **Shapefile**      **Geodatabase**

**Media Size** (Select One): **8.5x11,**      **11x17,**      **18x24,**      **24x36,**      **36x48,**      **42x60**

**Departmental Use Only**

Request ID# \_\_\_\_\_ Request Received: \_\_\_\_\_

Received By: \_\_\_\_\_ Approved (Date): \_\_\_\_\_

Request Completed: \_\_\_\_\_ Invoice # \_\_\_\_\_ Deposit: \_\_\_\_\_

Shipping Fee: \_\_\_\_\_ Media Fee: \_\_\_\_\_ Services Fee: \_\_\_\_\_ Total: \_\_\_\_\_

Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_ Project Time: \_\_\_\_\_