REQUEST FOR GIS INFORMATION

Date Information Requested:

Organization:

Contact Person:
Name:
Address:
Phone:
Fax:
E-Mail:

Information Requested:

Proposed Use of Information:

Desired Format of Data:
CD ☐ E-Mail ☐

Applicant must agree to disclaimer by signing below:

User understands and acknowledges that the accuracy of the data contained in the Grand Island/Hall County database cannot be guaranteed. Grand Island/Hall County makes no warranties, either expressed or implied, concerning the accuracy, completeness, reliability, or suitability of the information for any particular use. Furthermore, the Grand Island/Hall County assumes no liability associated with the use or misuse of said information.

_____ _____
Applicants Printed Name Applicants Signature

Return to:	FOR OFFICE USE ONLY
Public Works Department PO Box 1968 Grand Island NE 68802-1968	Charges: Paid ☐ Date: Date Information Provided:

QUESTIONS SHOULD BE REFERRED TO (308) 385-5444, EXT. 260