

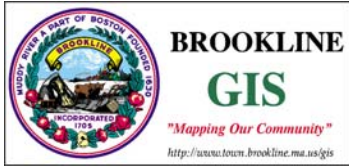
TOWN OF BROOKLINE, MASSACHUSETTS
 INFORMATION TECHNOLOGIES DEPARTMENT

GIS Digital Data Request Form

Requested By:	Date:	Phone No.:
Organization:		
Address:		
Total Deposit (checks payable to: Town of Brookline):		

List GIS Data Layer Names (refer to the Data Dictionary)	Specify the Area (default the entire town)	Unit Price (\$100/per layer)	Data Format (Arc/Info .E00, ArcView Shapefile,AutoCad .DXF)	Data Format Fee (\$25 Charge for .DXF file format)	Media (CDROM, 3.5" Diskette)	Sub- total
Total Digital Data Request Cost:						

Please return this form and your deposit to: Jed Fehrenbach, GIS Manager, Information Technologies Department, 1st Floor, Health Building, 11 Pierce Street, Brookline, MA 02445 Telephone: 617-264-6487 E-mail: JFehrenbach@brooklinema.gov .
If you are disabled and need assistance with procedure, simply ask for the GIS manager. TDD: 617-730-2572.



TOWN OF BROOKLINE, MASSACHUSETTS
 INFORMATION TECHNOLOGIES DEPARTMENT

For Internal Use Only

Request Received by:	
Received Date:	
Deposit Received (\$):	
Amount Due (\$):	
Data Copied by:	
Date Completed:	
1 st Notification Date:	
2 nd Notification Date (if applicable):	
Date Picked Up/ Mailed:	
Discard/Invalidation Date (30 days after 1 st Notification):	

I have received the data I requested from the Information Technologies Department in the Town of Brookline.

 Signature

 Date