

# Mapping / GIS / Records Request

Complete the entire form (two pages) and submit to Facilities Information Services ([gisbis@purdue.edu](mailto: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):

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

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

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Date and time needed by: \_\_\_\_\_

*Once the request is reviewed and approved, it can take up to five business days to fulfil 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):

