



GIS MAP REQUEST FORM

To aid staff in processing your request, please complete the form below in its entirety. A minimum of 4 days is required for all requests. Please print legibly. Completed form maybe faxed to 828-456-2392, emailed to sparkins@haywoodnc.net or dropped by the Land Records Office. Cost is determined by scope of request.

REQUESTED BY: _____

TELEPHONE: _____

ADDRESS: _____

EMAIL: _____

DEPT: _____

TITLE OF MAP: _____

MEDIA: Digital or Hard Copy (please circle one)

Available layers*: Please circle

Available overlays: Choose one**

- Parcels
- Structure Points
- Township
- Streets
- Greenways
- Voting Districts
- Zoning Districts
- Fire Districts
- Recreation
- Conservation Easements
- Road Maintenance
- Municipal Boundary
- Federal Land
- Sanitary Districts
- Topographic-20 ft
- Topographic-5 ft
- Soils
- US National Grid

Orthophotography:

- 2004 Color
- 2004 B/W only
- 1999 B/W only
- 1993 B/W only
- 1985 B/W only-overlay unavailable
- 2010 Color
- 2015 Color

*Additional layers available upon request

Aerials (non rectified):

- 1977 b/w only-no overlays
- 1963 b/w only-no overlays

Oblique:

- 2007 color-no overlays

**Overlays are not available for maps covering the whole county

PURPOSE OF MAP (Describe the manner in which the map will be used):

Available size: Please circle: 8½ X 11 11X17 22X34 34X44 Best Fit

Map to scale? Please circle: NO YES If yes, what scale _____

Notes: _____

This information is the property of Haywood County and is to be used only for the purpose indicated on this request form. Any other use or transmission of this information without the expressed written consent of Haywood County is hereby prohibited. Your signature below will serve as your understanding and agreement with the conditions identified above. All map requests are final. No refunds will be issued.

SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY

Request received by: _____

Request forwarded to: _____

Date: _____

Date request completed by: _____