



TULALIP DATA SERVICES – GIS

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7411 Tulalip Bay Dr, Tulalip, WA 98271

GIS INFORMATION REQUEST FORM

Request Date: _____

1. Applicant Information:

First Name _____ Last Name _____

Organization Name _____

Department _____

Phone Number _____ Fax Number _____

E-mail _____

2. Reason for requesting the information:

3. Information requested

4. File Extension (If Applicable)

5. Delivery Format:

Hard copy

CD

Digital

6. Date by which information is needed: _____

Usually available within five business days

Disclaimer

Tulalip Tribes and Tulalip Data Services will not be responsible for any damage or liability that may result from using the information provided. Redistribution of the data or maps received from the Tulalip Tribes is prohibited without written consent.

I have read the above information and understand its content.

Signature _____ Request Date _____

Please DO NOT fill out the boxes below.

Information release request is: _____ Approved _____ Not Approved

Reason (if not approved):

Tribal employee authorizing release of information:

Name _____ Position _____

Signature _____ Date _____