



## TULALIP DATA SERVICES – GIS

Phone: (360) 716-5157 • Fax: (360) 651-3107 • Email: [gis@tulliptribes-nsn.gov](mailto:gis@tulliptribes-nsn.gov)  
7411 Tulalip Bay Dr, Tulalip, WA 98271

# MAP REQUEST FORM

Request Date: \_\_\_\_\_

### 1. Applicant Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

#### Map Format:

- Single-Sheet Paper
- CD
- Map Book
- Other \_\_\_\_\_

### 2. Map Size:

### Number of Copies:

- |                                     |       |
|-------------------------------------|-------|
| <input type="checkbox"/> 8.5" x 11" | _____ |
| <input type="checkbox"/> 11" x 17"  | _____ |
| <input type="checkbox"/> 34" x 44"  | _____ |
| <input type="checkbox"/> 36" x 60"  | _____ |
| <input type="checkbox"/> 42" x 60"  | _____ |
| <input type="checkbox"/> Other      | _____ |

---

---

### 3. Purpose of the map and any special requests:

---

---

---

### 5. Specify the area the map should cover:

---

6. GIS data layers required

---

---

---

---

---

---

---

7. Date by which map is needed: \_\_\_\_\_

PLEASE NOTE: Map development may take at least five business days, depending on our schedule and complexity of the map.

**Disclaimer**

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

I have read the above information and understand its content.

Signature \_\_\_\_\_ Requested Date \_\_\_\_\_

Please DO NOT fill out the boxes below.

Map release request is: _____ Approved _____ Not Approved
Reason (if not approved): _____
Tribal employee authorizing release of information: Name _____ Position _____
Signature _____ Date _____

----- MAP DEPLOYMENT -----
Received By _____ Received Date _____