



TULALIP DATA SERVICES – GIS

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7411 Tulalip Bay Dr, Tulalip, WA 98271

SERVICE REQUEST FORM

Request Date: _____

1. Applicant Information:

First Name _____ Last Name _____

Organization Name _____

Department _____

Phone Number _____ Fax Number _____

E-mail _____

1. Type of Service:

- Scan and create an image file
- Scan and print the copy
- Graphic design
- Graphic printing
- Banner
- GPS data collection
- Others _____

Note: _____

2. Date by which a service is done: _____

*Usually available within five business days

Signature _____ Requested Date _____

*Please do not fill out boxes below.

Service release request is: _____ Approved _____ Not Approved

Reason (if not approved):

Tribal employee authorizing release of information:

Name _____ Position _____

Signature _____ Date _____