

Mailing Address:

Information Technology Services Department
 c/o GIS Sales and Service Center
 2 Woodward Avenue, Room 526
 Detroit, Michigan 48226

**Office Location:**

Coleman A. Young Municipal Center
 8th Floor Room 802
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 E-Mail: GIS_Sales_Center@detroitmi.gov

Customer Request Form

REQUESTOR NAME	CITY AGENCY OR ORGANIZATION	DATE
<input type="checkbox"/> STUDENT <input type="checkbox"/> LETTER OF APPROVAL FROM STUDENT'S INSTRUCTOR <input type="checkbox"/> CITY GOVERNMENT EMPLOYEE	PHONE	FAX
	E-MAIL ADDRESS	

Description of Request

To be completed by GIS Technician

<input type="checkbox"/>	Parcel Boundary / Specialty Maps (e.g., zoning, wards, clusters, street map, subdivisions)	Copies	Map Size	Cost
DESCRIPTION/MAP BOUNDARIES				
<input type="checkbox"/>	Thematic Map (e.g., city-owned, state tax liens, vacant properties)	Copies	Map Size	Cost
DESCRIPTION/MAP BOUNDARIES				
<input type="checkbox"/>	Electronic Files (maps / data records) (access, excel, .dwg, .dxf)	Format	DESCRIPTION	Cost
<input type="checkbox"/>	Technical Support & System Integration (hardware/ software / programming)	DESCRIPTION		Cost
<input type="checkbox"/>	Consulting Services (e.g. RFP development)	DESCRIPTION		Cost
<input type="checkbox"/>	Other: (customization / compact disc fee / postage / money order)			Cost
				Total Cost
Purpose of Requested Item(s):				Deposit
				Balance Due
REQUESTED COMPLETION DATE	CITY AGENCY COST CENTER	_____ REQUESTOR SIGNATURE _____		
ESTIMATED COMPLETION DATE	GIS REFERENCE NUMBER	_____ GIS TECHNICIAN SIGNATURE _____		