



CAYMAN LAND INFO

Lands & Survey

236 Eastern Avenue, PO Box 1089, Grand Cayman KY1-1102, Cayman Islands

Request for Buffer Map and Owner Listing

Name:

Company/Dept.:

PO Box & Zip:

Phone:

Email:

OFFICIAL USE ONLY	
Job No:	
Date Requested:	
Date Required:	
SIGNATURE:	
Request Received By:	

NOTE: ALL MAP REQUESTS MUST BE PAID IN FULL BEFORE THE JOB CAN BE PROCESSED. RE-RUNS OF JOBS FOR UPDATED INFO ATTRACT AN ADDITIONAL FEE OF THE FULL COST

PAYMENT METHOD:	DEBIT/CREDIT CARD #:	N / A
CHECK NUMBER:	CARD EXPIRY DATE:	N / A

BUFFER MAP DETAILS

SUBJECT PARCEL(S) (PLEASE USE ONE FORM PER BUFFER MAP)

BLOCK:

PARCEL:

BUFFER DISTANCE:

(2FT FOR SIGN NOTIFICATION)

INCLUDE ADJACENT ROAD PARCELS

PLANNING FORM DETAILS (BE VERY SPECIFIC)

- BUFFER MAP
- LABELS
- PLANNING FORMS
- EMAIL LISTING
- LAMINATION

APPLICANT'S NAME:

PO Box:

DATE:

PURPOSE:

BLOCK:

PARCEL:

OWNER:

_____ Parcels - _____ Subject Parcel(S) = _____ + Strata Parcels _____ + _____ + _____ + _____ + _____ = _____

DESCRIPTION	UNIT PRICE	LINE TOTAL
BASE PRICE	\$30	
AMT OF PARCELS _____ @ \$5 PER OWNER		
AMT OF OWNERS _____ (except subject parcel) LABELS @ \$1 PER OWNER		
AMT OF OWNERS _____ (except subject parcel) FORMS @ \$1 PER OWNER		
EMAIL LISTING	\$25	
LAMINATION	\$10	

THANK YOU FOR YOUR BUSINESS!

TOTAL

FOR ADMINISTRATION USE ONLY

Date Submitted:	Map Produced By:	Invoice #:
Fee: \$	Checked By:	Receipt #:
File/Project Ref:	Date Completed:	Date Paid: ___/___/___

Date(s) Client Contacted:

____/____/____