



Request for Customised Map

Lands & Survey Department

Government Administration Bldg., 133 Elgin Ave, PO Box 120, George Town, Grand Cayman KY1-9000

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.

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

PAGE SIZE	PRICE	LAYER DESCRIPTION	LAYER PRICE	GLOSSY	AMT. COPIES	\$/COPY	LINE TOTAL	
LETTER SIZE	\$15							
11X17	\$20							
24X36	\$30							
36X48	\$40							
36X60	\$50							
LARGER SIZE	Custom							
		Aerial photos	\$25					
		Contours with Labels	\$5					
		Topographic Relief	\$5					
		Parcels Labeled	\$5					
		Road Names	\$5					
		Buildings	\$5					
		Rights of Way	\$5					
		Misc. Geography	\$5					
		Custom Data Querying	\$125/hr					
							TOTAL \$	-

NOTE: Does not include digital data requests, these are subject to different pricing.

TERMS AND CONDITIONS: Reproduction of any CLI map product in whole or in part by any means is prohibited without prior written permission from the Lands & Survey Department.

Any damage incurred to the map by third-parties will incur a fee of half the total map price.

PLEASE NOTE: ALL SALES ARE FINAL! Cayman Land Info agrees to make all reasonable efforts to ensure that every request is completed as ordered. Except in cases of non-delivery, there are **NO REFUNDS!**

I hereby certify that I am an authorised signatory for the above named company (where applicable) and I agree to the above terms and conditions.

X Signed (authorised signature) _____

THANK YOU FOR YOUR BUSINESS!

OFFICIAL USE ONLY

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

Date(s) Client Contacted:

____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____