



Request for Digital Data

Lands & Survey Department 236 Eastern Avenue, PO Box 1089, Grand Cayman KY1-1102, Cayman Islands

Client Name:

Company/Dept.:

PO Box & Zip:

Phone:

Email:

Please use BLOCK letters. All information must be filled out in full (or attach business card).

NOTE: ALL MAP REQUESTS MUST BE PAID IN FULL BEFORE THE JOB CAN BE PROCESSED.

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

Purpose & Use of Digital Data:

(please use reverse if need additional space)

If data is going to be used in a report or publication please state the title, the amount to be distributed, and the distribution locations/recipients.

If there is a known term please provide this - term is not to exceed a calendar year. If more time is required the licence agreement will need to be renewed.

***Please Note - DWG/DXF Requests:** Features not normally shown on the Registry Map, eg. Contours, buildings, will attract an additional charge to be determined by the manager

Please tick appropriate box or boxes below.

DATA REQUESTED:	UNIT PRICE	AMOUNT	LINE TOTAL
*DXF/DWG - Block Number(s)	\$250/block		
*DXF/DWG - LandRef (Block&Parcel)	\$150/parcel		
Image/Pdf Map - Please include a Title for your map and preferred format below:	TBD		
Other Digital Formats - e.g shapefiles etc. - Add info below	TBD		

TOTAL

NOTE: All digital requests are subject to the signing of a user licence agreement for a specified term.

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

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.

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: ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___