



Request for Standard Map

Lands & Survey Department 133 Elgin Avenue, PO Box 120, Grand Cayman KY1-9000, Cayman Islands

Name:

Company/Dept.:

PO Box & Zip:

Phone:

Email:

OFFICIAL USE ONLY

Job No:

Date Requested:

Date Required:

Request Received By:

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

PAYMENT METHOD:		CHECK NUMBER:			
DESCRIPTION	UNIT PRICE	AMOUNT	\$/COPY		LINE TOTAL
AERIAL MAPS - Cayman Islands	\$100				
AERIAL MAPS - Grand Cayman	\$75				
AERIAL MAPS - LC or CB	\$50/each				
GENERAL MAP OF CAYMAN ISLANDS	\$100				
GENERAL MAP OF GRAND CAYMAN	\$75				
GENERAL MAP OF LC or CB	\$50/each				
Western GC Maps - AERIAL or GENERAL	\$50/each				
ANTIQUÉ MAP OF THE CAYMAN ISLANDS	\$50				
CADASTRE INDEX - Cayman Islands	\$100				
CADASTRE INDEX - Grand Cayman	\$75				
CADASTRE INDEX - LC or CB	\$50/each				
CARIBBEAN NATIONS MAP	\$50				
CARIBBEAN & CEN. AMERICAN NATIONS	\$50				
CARIBBEAN RELIEF MAP	\$50				
HISTORICAL HURRICANE TRACKS	\$50				
HURRICANE TRACKING - Caribbean or Atlantic	\$15/each				
IVAN FLOOD MAP - 65x42 / 40x28	\$50 / \$30				
PICTOMETRY 11x17 / 24x36	\$30 / \$60				
REGISTRY MAP - (uncertified)	\$15				
REGISTRY MAP EXTRACT (uncertified)	\$5				
SITE MAP	\$25				
STAMP DUTY MAP	\$50				
STREET INDEX: GRAND CAYMAN	\$100				
STREET INDEX: LC or CB	\$50/each				
STREET INDEX: SISTER ISLANDS	\$75				
SURVEY PLANS	\$10				
TERRAIN & BATHYMETRY MAP (Grand Cayman)	\$50				

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

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.

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

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!

Statutory Fees	
Other Fees	
Total C/\$	

OFFICIAL USE ONLY

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

Date(s) Client Contacted: ___/___/___