



Province of the
EASTERN CAPE
OFFICE OF THE PREMIER

PROVINCIAL ICT

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Ref No: 7/1/11/1

MAPPING SERVICES AND SPATIAL DATA REQUEST FORM (by email)

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NAME _____ DATE _____

ORGANISATION _____

DIR / SECTION _____

POSTAL ADDRESS _____

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ITEM SELECTION

ITEM NO.	REPORT/DOCUMENT/MEDIA	Please Tick
1.	Single CD/DVD with Spatial Data	
2.	Report with Coordinates	
3.	Spatial Data on provided Media (External HD, Flash Disk)	

MODE OF DELIVERY FOR REQUEST (PLEASE SELECT BELOW):

COURIERED: FETCH IN PERSON:

PRODUCT DESCRIPTION

ITEM NO	BRIEF DESCRIPTION OF REQUEST	QUANTITY

PROVIDE BRIEF REASON FOR DATA REQUEST:

.....
Signature (requester)

.....
Date

