



Province of the  
**EASTERN CAPE**

OFFICE OF THE PREMIER

**PROVINCIAL ICT**

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Ref No: 7/1/11/2

**MAPPING SERVICES AND SPATIAL DATA REQUEST FORM**

Please retain a copy of this form for your files

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ORGANISATION \_\_\_\_\_

DIR / SECTION \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TEL NO \_\_\_\_\_ FAX NO \_\_\_\_\_

E-MAIL \_\_\_\_\_

**ITEM SELECTION**

ITEM NO.	MAP/REPORT/DOCUMENT	Please Tick
1.	Single A4 Map	
2.	Single A3 Map	
3.	Single A2 Map	
4.	Single A1 Map	
5.	Single A0 Map	
6.	Digital Maps (PDF; JPG; TIFF; MrSID; Bitmap & etc)	

**STATE OF DOCUMENT / MAP PRINTED:**

LAMINATED: YES  NO

**PRODUCT DESCRIPTION**

ITEM NO	DESCRIPTION	QUANTITY

**USE OF THE MAP:** *(Please briefly explain what the map(s) is going to be used for)*


.....  
Signature (requester)

.....  
Date

