CHIPPEWA COUNTY ORTHO IMAGERY REQUEST

PLEASE COMPLETE FORM AND RETURN WITH PAYMENT, SIGNED END USER AGREEMENT, AND MEDIA STORAGE TO:

CHIPPEWA COUNTY EQUALIZATION DEPARTMENT
319 COURT ST.
SAULT STE. MARIE, MI 49783
PH: 906-635-6304

NAME: _____ **PHONE #** _____

COMPANY (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP**: _____

I HEREBY REQUEST THE FOLLOWING ORTHO IMAGERY:

☐ COMPLETE SET OF COUNTY GeoTIFFS

☐ COUNTY MOSAIC
IN THE FORMAT OF: (PLEASE CIRCLE)

ECW (SELECT TYPE: MGR or STPI), JP2, SID

☐ TOWNSHIP MOSAICS
IN THE FORMAT OF: (PLEASE CIRCLE)

ECW (SELECT TYPE: MGR or STPI), JP2, SID

For the township(s) of (please check):

☐ Bay Mills ☐ Bruce ☐ Chippewa ☐ Dafter ☐ DeTour (includes Detour village)
☐ Drummond ☐ Hulbert ☐ Kinross ☐ Pickford ☐ Raber ☐ Rudyard ☐ Soo
☐ Sugar Island ☐ Superior ☐ Trout Lake ☐ Whitefish

☐ CITY OF SAULT STE. MARIE MOSAIC

THE MEDIA STORAGE DEVICE AND SIZE I HAVE INCLUDED IS:

I WOULD LIKE THE MEDIA DELIVERED TO ME VIA (CIRCLE ONE):

U.S. MAIL or CALL ME AND I WILL PICK IT UP

*If you are requesting delivery via mail, please include an additional $5.00 for postage and handling. Please only include a device that will fit in a 12 ½"x 9 ½" padded envelope. If you must send a larger device and would like it delivered via mail, please contact us ahead of time for additional postage and handling charge.

I HAVE INCLUDED PAYMENT IN THE AMOUNT OF $

**THIS REQUEST IS COMPLETE TO THE BEST OF MY KNOWLEDGE AND I HAVE INCLUDED WITH IT:*

- *MY REQUEST FOR SPECIFIC FILES AND TYPES,*
- *PAYMENT IN FULL,*
- *MEDIA STORAGE TO ACCOMMODATE THE SIZE OF FILES I AM REQUESTING,*
- *A SIGNED END USER AGREEMENT,*
- *I INDICATED MY METHOD OF PREFERRED DELIVERY, AND INCLUDED AN ADDITIONAL $5.00 IF I CHOSE TO HAVE IT DELIVERED VIA U.S. MAIL.*

DATE **SIGNATURE**