

REQUEST FOR BULK GIS DATA TRANSFER

Please return this completed form, along with a portable hard drive to the **2nd Floor of the Engineering Department**, 14245 56 Ave, Surrey, BC, V3X 3A2. You will be notified if we are not able fulfill your request within 5 working days. The City reserves the right to limit bulk GIS Data Transfers to one request per organization, per year.

CONTACT INFORMATION	
Name:	
E-mail Address:	Phone #:
Organization:	Title:
Mailing Address:	

PORTABLE HARD DRIVE DELIVERED (USB 3.0)	CITY STAFF VERIFICATION
Make and Model:	
Serial #:	
Available Capacity greater than 0.9TB: Yes <input type="checkbox"/>	
USB 3.0 Cable Provided (no external power req'd): Yes <input type="checkbox"/>	
Hard Drive Contents Empty: Yes <input type="checkbox"/>	
Packaging Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	

PURPOSE OF REQUEST	
<i>A Please indicate the intended application of the bulk GIS Data requested (check all that are applicable)</i>	
1. Engineering Planning and Design or Survey to support: <input type="checkbox"/>	
a) Capital Projects for City of Surrey <input type="checkbox"/>	
b) Land Development Projects <input type="checkbox"/>	
c) External Utility Projects <input type="checkbox"/>	
2. Senior Level of Government use <input type="checkbox"/>	
3. Other Municipality use <input type="checkbox"/>	
4. General Interest for Personal use <input type="checkbox"/>	
5. Research, Academic, Instruction/Teaching or Student use <input type="checkbox"/>	
6. Other (please specify): _____ <input type="checkbox"/>	
<i>B Please indicate the primary dataset you are interested in (check all that are applicable)</i>	
1. Aerial Imagery Current <input type="checkbox"/> Historic <input type="checkbox"/>	
2. LiDAR Data in Native Format (LAS) Current <input type="checkbox"/> Historic <input type="checkbox"/>	
3. LiDAR Derived Products (DEM, Contours, Hillshade, etc.) <input type="checkbox"/>	
4. HyperSpectral Imagery <input type="checkbox"/>	
5. As Constructed Drawings <input type="checkbox"/>	

PICK UP AUTHORIZATION
Name of courier authorized to collect portable hard drive:
Name of person authorized to collect portable hard drive:

TO BE FILLED OUT BY CITY OF SURREY CLERICAL STAFF			
SEQUENCE #:	DATE REC'D:	DATA SOURCE:	COMPLETED BY:

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Signature:

Date: