CLIENT CONTACT INFORMATION

[ A minimum of two full business days is required to schedule and complete your request.]

Name:_____________________________________________ Dept/Company:

Date Needed:__________________ Phone:____________________________ E-mail:___________________________________

Project/RFP Name:________________________________________________________________________________________

How this data will be used:

____General Campus Information  ____Architectural Planning  ____Event Planning  ____Health/Safety

____Civil/Traffic Planning  ____Landscape/Grounds Planning  ____Utility Design  ____Class Project

Stanford University Contact authorizing your request: ____________________________________ (to be validated in StanfordWho)

DATA FORMAT:

Electronic File of type: ___.dwg or other (specify) ______________________________

Deliverable as: ___disk or ___via e-mail (small files/non utilities only) or ___via Secure/FTP For deliverables via SFTP, we will send instructions to the email address listed above.

Paper Plot: Please specify paper size.

___A (8.5"x 11") ___D (22"x 34") ___Other:___________ (max width is 36")

___B (11"x 17") ___E (30"x 42")

___C (17"x 22") ___Utility Border (34"x44") ___Best fit to Scale

BASE AND UTILITY MAP DATA: Using the map on the back of this form, MARK THE AREA to be plotted.

Base

____Typical Base Information (includes buildings, circulation, creeks, lakes, and text)

____2' Contours  ____10' Contours

____Quad Boundary  ____Zone Boundary  ____City/County Limits

Utilities

____ALL  ____Domestic Water  ____Lake Water  ____Chilled Water  ____Steam/Cond.  ____Storm Drain

____Sanitary Sewer  ____Electrical  ____Street Lighting  ____Communications  ____Gas

ARCHIVE DATA:

Please include

Project Number, Project Date, and Sheet Numbers

FLOOR PLAN DATA:

Please include

Quad, Building No., and Floor

CUSTOM MAP DETAIL:

Staff member will contact you with a quote for services.

P&TS Map: Parking Symbols:(Please Circle) Include or Exclude

FOR CUSTOMER FUNDED REQUESTS: The University department that will sponsor this request should submit an online Work Order to cover our time. Please see our website: http://maps.stanford.edu to find out “Who Pays for What”. Please ensure billing arrangements are made prior to pick up for map products, or within 2 weeks for field services. For questions, please contact Suman Chaube at 725-8472. To be supplied by the client:

Work Order # ______________________________ & Approver ______________________________

MAPS & RECORDS USE ONLY

Received by:________________ Date Received:___________ Completed by:________________ Date Completed:___________

File Name:___________________________________________________________Approximate Hours: ______________________