

City of Ozark, Missouri

GIS Department



205 N. 1st St. or P.O. Box 295
Ozark, MO 65721

Fax: 417 581-0353
Phone: 417 581-2407

GIS DATA REQUEST FORM

This form must be completed, signed, and dated to process your order

Format Requested: (circle one) Digital Data Paper Map

Name of person or entity: _____ Date: _____

Address: _____ Phone #: _____

Fax #: _____ Email Address: _____

Data Requested: (refer to the 'GIS Fee Schedule' for the product list and associated fees)

(one (1) copy of the requested data will be produced – if needed, it is the responsibility of the applicant to reproduce multiple copies)

Project Description: Describe in detail your intended use of this data. If the intended use of the data, includes copying or reproducing the data in hard copy format, the licensee shall affix the following notation to all copies or reproductions of the data: Copyright [insert current year] by the City of Ozark, Missouri, all rights reserved. No part of this GIS Data may be copied, reproduced, or transmitted in any form or by any means whatsoever whether graphic, electronic, or mechanical, including photocopying, posting on the internet, recording, or through the use of an information storage and retrieval system, without prior written permission of the City of Ozark, Missouri.

By execution of this GIS Data Request Form, the requesting party agrees to comply with all terms and conditions.

(The GIS fee schedule is available at www.ozarkmissouri.com)

Please mail or submit this completed form to:

City of Ozark, MO
Attn: GIS Dept.
205 N. 1st St.
Ozark, MO 65721

Signature: _____ Date: _____