



Requestor: _____

Phone #: _____

Email: _____

Date: _____

Please complete pages 1 & 2, then submit the request.

Please use this page to filter the population of records as desired.

The parameters selected here will narrow the results of your request to include only the records of interest.

Selecting zero filters will included every record in the database.

This form can be:

1. Downloaded
2. Completed digitally and resaved
3. Emailed to: equalization_GIS@grandtraverse.org

Or this form can be:

1. Printed
2. Completed by hand
3. Mailed or dropped off to Equalization/GIS

[illegible]

*GIS data requests: Please list the layers you are requesting in the comments section.



Submit forms to:
Grand Traverse Equalization
400 Boardman Ave. Suite 103
Traverse City, MI 49684-2577

Or by Email to:
equalization_gis@grandtraverse.org

Please use this page to indicate desired data fields.

Note: If fields from multiple categories are selected, a separate file for each may need to be created to accommodate the request.

[illegible]

*GIS data requests: Some information is not available in GIS layers



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The below fields are to be completed by Equalization/GIS.

| | Type | # of records | Cost per record | Cost to create file |
|---------|------|--------------|-----------------|---------------------|
| File 01 | | | | |
| File 02 | | | | |
| File 03 | | | | |
| File 04 | | | | |
| File 05 | | | | |
| | | | Setup Cost: | |
| | | | Total Cost: | |

Disclaimer: Grand Traverse County does not warrant, expressly or impliedly, or accept any responsibility for any errors or omissions of data requested or requester's software incompatibilities or knowledge base.

Data requested shall not be loaned, sold, copied, or otherwise transferred to any other individual, firm, organization, or agency, nor used for any other than the stated purpose(s) without prior written permission from Grand Traverse County.

This form constitutes acceptance of the above stated conditions, parameters & fees.

| | |
|------------------------------|-------------|
| Reviewed by Equalization/GIS | |
| Signature: _____ | Date: _____ |

| | |
|---|-------------|
| <u>Do not sign request</u> until it has been reviewed and returned to you from Equalization/GIS. | |
| I agree with the stipulations of this work request: | |
| Signature of Requestor: _____ | Date: _____ |

If this form appears blank or is missing information:
Please check your email filters, security settings, or the compatibility of your PDF reader application.

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