PLEASE REMIT TO City of Hammond Planning & Grants Department 219 East Robert Street Hammond, LA 70401 Phone: (985) 277-5640 Fax: (985) 277-5637 **GIS Information/Map Request Form**

Your Name: _____ Phone #:_____ Description of Address or Location, be specific:

Features requested: Abandoned Streets Building Footprints Council District Flood Zone Lot Numbers Owner Names Zoning Appr	Special Districts: DDD Historic Hyer-Cate Iowa Thomas/Morris District				
	<u>8 ½" x 11"</u>	1' x 2'	2' x 3'	3' x 4'	
Line Drawing Aerial or Color Zoning	6.00	12.00	\$ 10.00 20.00	50.00	
Pick-up Fax - # E-Mail – Address Regular Mail Express Mail: Address					
Disclaimer Notice I understand that the information reserved by the City. I agree not I further understand that the City regard to this information, and sl in connection with, or arising out and can not be used as legal docu	described above to reproduce this of Hammond m hall not be held l of, the providing	e belongs to the information for akes no warran iable in the eve	ty of any kind, ex	d, and that all rights are or use. pressed or implied, with consequential damages	
Signature of recipient/reque	estor			Date	
Payment made: Chec	k #	A	Amount \$		
Mone	ey Order	A	mount \$		

*E-mail: use 2' x 3' size hard copy price