



**ITD-GIS WORK REQUEST**

**FM-CDC-ITD-04**

Date Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

**DESCRIPTION:**

<input type="checkbox"/> <b>MAPS</b>  <input type="checkbox"/> Land Allocation size _____ copy _____ <input type="checkbox"/> Site Profile size _____ copy _____ <input type="checkbox"/> Location Map size _____ copy _____ <input type="checkbox"/> Utility Maps: _____ size _____ copy _____ <input type="checkbox"/> Other Maps: _____ size _____ copy _____	<input type="checkbox"/> <b>OTHER REQUESTS</b>  <input type="checkbox"/> GIS Data Information <input type="checkbox"/> Data Generation <input type="checkbox"/> Data Conversion <input type="checkbox"/> Tabular Data <input type="checkbox"/> Copy of Data <input type="checkbox"/> File Copy <input type="checkbox"/> Others _____ _____
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Please indicate the full details of your request  
\_\_\_\_\_  
\_\_\_\_\_

Purpose: \_\_\_\_\_

Requested by: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel. No. \_\_\_\_\_ Office/Department: \_\_\_\_\_

Company Name : \_\_\_\_\_

TO BE ACCOMPLISHED BY CDC-ITD		
Validated by: _____	Approved by: _____	Remarks: _____
GIS Officer III	Assistant Manager/Manager/ Assistant Vice-President	_____

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