

D A T A R E Q U E S T F O R M

Stanford University Maps and Records 327 Bonair Siding, 1st floor Stanford CA 94305-7270 phone: (650) 725-8472 fax: (650) 723-7905
<http://maps.stanford.edu/>

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:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> General Campus Information | <input type="checkbox"/> Architectural Planning | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Health/Safety |
| <input type="checkbox"/> Civil/Traffic Planning | <input type="checkbox"/> Landscape/Grounds Planning | <input type="checkbox"/> Utility Design | <input type="checkbox"/> 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.

- | | | |
|--|---|--|
| <input type="checkbox"/> A (8.5"x 11") | <input type="checkbox"/> D (22"x 34") | <input type="checkbox"/> Other: _____ (max width is 36") |
| <input type="checkbox"/> B (11"x 17") | <input type="checkbox"/> E (30"x 42") | |
| <input type="checkbox"/> C (17"x 22") | <input type="checkbox"/> Utility Border (34"x44") | <input type="checkbox"/> 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/attach:
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
Include/Exclude (please circle)

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. For questions, please contact Suman Chaube at 725-8472 or Kristina Seyer Smith at 723-0594. **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: _____

