

REQUEST FOR MAP

City of Bend 710 NW Wall Street Bend, OR 97703 Phone: (541) 693-2149 Fax: (541) 388-5519

Email: GÍS@bendoregon.gov

Please complete this form and submit by fax or email, or you can call us to request a map. Please refer to the City's current Fees Resolution to determine the cost. You will be contacted when your map is available for pick-up at our Permit Center, typically the next business day.

Date:	Fee:		
I'm requesting a copy	of (name of map): _		
(If requesting a custom ma	p, please contact the GIS	S Division at the number above	to discuss your specific needs.)
Size/Quantity: Le	tter (8.5"x11") dger (11"x17")	Legal (8.5"x14") C Size (18" x 24")	E Size (36" x 48")
Name:		_ Phone #:	
Email Address:			
	INTERNAL LISE ONLY	· FEE CODE	DATE PAID