



# County of Haliburton

P.O. Box 399 – 11 Newcastle Street

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GIS Technologist  
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## MAP REQUEST FORM

- ▶ Persons submitting this form must fill in all fields in order for the form to be accepted.
- ▶ Submit this form via fax, email or in person to the Planning and GIS Department upon completion.
- ▶ The form will be reviewed and costs determined based on the form selections.
- ▶ Persons will be contacted within 5 business days and will be required to sign a user agreement.

### **PART I** CUSTOMER INFORMATION

1. First name:	2. Last name:
3. Business/organization name:	
4. Type of Business (check the appropriate box):	
<input type="checkbox"/> Consultant	<input type="checkbox"/> Agency involved in local program(s)
<input type="checkbox"/> Local Government Agency	<input type="checkbox"/> Local School Board
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Community Association
<input type="checkbox"/> Provincial Government	<input type="checkbox"/> Non-profit Organization
<input type="checkbox"/> Other (Please specify below)	
5. Contact address:	
6. City or Town, Province and Postal code	
7. E-mail:	8. Phone number:

### **PART II** MAP REQUIREMENTS

9. Please choose one of the following options to best describe the area the map will cover.
- County
  - Municipality
  - Single or multiple properties
  - Other (Please specify below)
- .....

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10. Please describe in detail the features or content that will be included in the map (i.e. Lakes, Streets, Township boundaries, property outlines, etc.)

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11. Please describe in detail the intended use of the map.

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12. Will the map include Orthophotography?

- Yes
- No

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13. Choose which format to receive the map?

- Electronic Image Format (PDF)
- Hard Copy (Printed)

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14. If the map is to be printed, please indicate a paper size. (i.e. 8 ½ X 11", 11 X 17", 24 X 26" 36 X 38", etc.)  
*Note: the answers above will be reviewed and the size suitable for discerning the information will be determined.*

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**OFFICE USE ONLY**

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GIS TECHNOLOGIST:

Date request received:

Date Request Completed:

Amount Paid:

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Joanne O'Keefe  
GIS Technologist

.....  
Date (MM-DD-YYYY)

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DIRECTOR OF PLANNING:

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Charlsey White,  
Director of Planning, MCIP, RPP

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Date (MM-DD-YYYY)