



SACRAMENTO COUNTY REGISTRAR OF VOTERS REQUEST FOR INFORMATION



MAP REQUEST FORM

Name of Applicant/Agent:		Last	First	Middle	
Business Address:		City	State	Zip Code	Business Telephone No.
Mailing Address: (If different from above)		City	State	Zip Code	Alternate Telephone No.
Name of Candidate/Committee/Organization :					

MAP AREA: Select One

- Entire County
- District: _____ District Number (if applicable): _____

MAP CONTENT: Select One

- Sacramento County Boundary Only
- District Boundary Only
- Precinct Boundaries – specify election: _____
- If possible, do you want consolidated precincts? Yes No

MAP FORMAT:

- + \$42.00 Set up fee required for printed maps, emailed PDF maps, and maps on CD-ROM
- + \$9.00ea Printed – Quantity: _____ (up to 3 identical maps)

Specify Size:

- 24" x 36" (Entire County and some districts will automatically be printed on larger size by default)
- 36" x 48"

- + \$27.00 PDF on CD-ROM
- No cost PDF emailed to: _____

STANDARD SHAPEFILE: Some district data available for download at www.sacgis.org

- + \$21.00 Shapefile

CUSTOM REQUEST: Please explain below. Our office will contact you regarding your custom request. Custom fee of \$74.00 shall be applied.

IMPORTANT: Payment must be received in full prior to any maps being made. Your order will be ready within 24 hours after approved request and received payment in full (unless otherwise noted). All maps must be picked up within 30 days.

Signature: _____ Date: _____

Official Use Only:
 Received By: _____ Date: _____ In Person Delivery Email
 Reviewed by: _____ Date: _____
 Payment Received: Yes No Receipt No. _____
 Emailed request to Voters-GIS on: _____ Completed on: _____

Notes: