

# DIS Map Request Application Form

## Department of Local Government and Traditional Affairs

Chief Directorate: Development Planning  
 Sub Directorate: Development Information Services (GIS)  
 Physical Address: Room 01-01, Southern Life Plaza Building, 271 Church Street, Pietermaritzburg, 3201, KwaZulu-Natal, South Africa  
 Tel: 033 - 3556504. FAX: 033 - 3556173  
 Postal Address: Private Bag X9123, Pietermaritzburg, 3200, KwaZulu-Natal, South Africa.  
 E-mail: [Mervin.naik@kznlqta.gov.za](mailto:Mervin.naik@kznlqta.gov.za)

**Client Name:**  
 Organisation:  
 Client E-mail:  
 Date:

**Job No:**  
 Client Tel:  
 Client Cell:

### Purpose:

Hard Copy Details (if applicable)					Digital Details (if applicable)
<b>Paper Size</b>	<b>Paper Type</b>	<b>Cost</b>	<b>Quantity</b>	<b>Total Cost</b>	
<b>A0</b>	Plain Paper- map	<input type="checkbox"/> R 79	_____	_____	<b>Spatial Format</b> <input type="checkbox"/> E00 <input type="checkbox"/> Shape File <input type="checkbox"/> DXF <input type="checkbox"/> Other (specify) _____  <b>Co-ordinate System</b> <input type="checkbox"/> Geographic <input type="checkbox"/> Lo: 29 31 33  <b>Database Format</b> <input type="checkbox"/> DBF <input type="checkbox"/> Access <input type="checkbox"/> ASCII <input type="checkbox"/> Other (specify) _____  <b>Media</b> <input type="checkbox"/> CD <input type="checkbox"/> Stiffy Disk  <b>Precision</b> <input type="checkbox"/> Single <input type="checkbox"/> Double
	Plain Paper- topo/ortho	<input type="checkbox"/> R 95	_____	_____	
	Gloss Paper- map	<input type="checkbox"/> R 158	_____	_____	
	Gloss Paper- topo/ortho	<input type="checkbox"/> R 189	_____	_____	
	Black and white copy	<input type="checkbox"/> R 21	_____	_____	
<b>A1</b>	Plain Paper- map	<input type="checkbox"/> R 63	_____	_____	
	Plain Paper- topo/ortho	<input type="checkbox"/> R 74	_____	_____	
	Gloss Paper- map	<input type="checkbox"/> R 126	_____	_____	
	Gloss Paper- topo/ortho	<input type="checkbox"/> R 147	_____	_____	
	Black and white copy	<input type="checkbox"/> R 15	_____	_____	
<b>A2</b>	Plain Paper- map	<input type="checkbox"/> R 48	_____	_____	
	Plain Paper- topo/ortho	<input type="checkbox"/> R 58	_____	_____	
	Gloss Paper- map	<input type="checkbox"/> R 95	_____	_____	
	Gloss Paper- topo/ortho	<input type="checkbox"/> R 115	_____	_____	
	Black and white copy	<input type="checkbox"/> R 15	_____	_____	
<b>A3</b>	Plain Paper- map	<input type="checkbox"/> R 15	_____	_____	
	Plain Paper- topo/ortho	<input type="checkbox"/> R 20	_____	_____	
	Gloss Paper- map	<input type="checkbox"/> R 30	_____	_____	
	Gloss Paper- topo/ortho	<input type="checkbox"/> R 40	_____	_____	
	Black and white copy	<input type="checkbox"/> R 0.50	_____	_____	
<b>A4</b>	Plain Paper- map	<input type="checkbox"/> R 10	_____	_____	
	Plain Paper- topo/ortho	<input type="checkbox"/> R 15	_____	_____	
	Gloss Paper- map	<input type="checkbox"/> R 20	_____	_____	
	Gloss Paper- topo/ortho	<input type="checkbox"/> R 30	_____	_____	
	Black and white copy	<input type="checkbox"/> R 0.30	_____	_____	
	Mapbook – Thematic Maps	<input type="checkbox"/> R 200	_____	_____	
	Mapbook – Census	<input type="checkbox"/> R 300	_____	_____	
<b>Grand Total</b>				_____	
Special Requirements: _____					
_____					

**Sending Details**

- E-mail
- Collect
- Courier (emergency only)
- Post      Postal Address: \_\_\_\_\_

\_\_\_\_\_  
**Priority**

\_\_\_\_\_  
**Task Assigned to**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**GIS Project Manager**

\_\_\_\_\_  
**Date Requested by**

\_\_\_\_\_  
**Date Completed by**

**ACCEPTANCE**

*I hereby acknowledge receipt of the following information:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Capacity**

\_\_\_\_\_  
**Date**