



Customer Map Request

Date _____

Name _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

****Requests are completed within 3-5 business days.****

Map Subject Area

Please provide **ONE** of the following: address, parcel number, section-township-range, or street boundaries. If you have a map snippet or KML file, please email file to INCOGmaps@incog.org.

Address _____

Parcel # _____ Section-Township-Range _____

Street Boundaries _____

Map Type

Aerial Photo (most current) Aerial Topography (current aerial with contours) FEMA Floodplain

Historic Aerial: Year(s) Requested _____

Digital Years Available:

1950, 1954, 1966, 1974*, 1975*, 1977, 1979*, 1980*, 1981*, 1983*, 1985, 1987*, 1990*, 1993*, 1995*, 1997*, 1999-2021

**These aerials will have additional research fees for images that have not already been scanned. Research fees will depend on the number of scans required to complete the order. An INCOG staff member will contact you to let you know of the fee in advance.*

Other (please provide details below and an INCOG staff member will contact you for additional details)

Map Size

8.5”X11” (\$10) 11”X17” (\$15) 24”X24” (\$25) 36”X36” (\$40)

Best Fit (a staff member will adjust map to best fit your geography)

Map File Type

PDF JPEG CAD/DWG File Export Physical Print(s) Quantity _____

(please note, after the first print, additional prints are half price per print)

Additional Comments:

TO SUBMIT MAP REQUEST:

1. Download the .pdf form.
2. Fill in the form and save
3. Email the completed for to:

INCOGmaps@incog.org