



REQUEST FOR BIG SCALE MAPS

DOC NO	CPnD/GEO/RSDIM/D3
ISSUE DATE	2013-11-27
REV DATE	2018-01-11
REV NO	5

Please complete the following below, where applicable, by either filling in/markings/ticking in the correct column.

SUBURB NAME	Tile no.
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	

CADASTRAL INFORMATION	TICK
LANDBOUNDARY	
FARMBOUNDARY	
LANDPARCEL	
TRANSPORTATION NETWORK	
STREET ADDRESS NUMBERS	
SERVITUDES	
COMMUNITY POINT FEATURES	
ZONING	

TOPOGRAPHICAL FEATURES	TICK
DAMS	
RIVERS	
CONTOURS (1m)	

RASTER: (MrSid Images)	TICK
AERIAL PHOTOGRAPHY 2013	

PAPER SIZE	TICK
A0 (841mm x 1189mm)	
A1 (594mm X 841mm)	
A2 (420mm X 594mm)	

PAPER TYPE	TICK
BOND PAPER	X
PLEASE CHOOSE ONE OF THE FOLLOWING:	
COLOUR	
MONOCHROME	

OFFICE USE ONLY	
Date Collected:	
Collected By:	
Signature:	

QUOTATION		
Description	Amount	Total
Data		
Aerial Photography		
Wall maps (North/South)		

APPROVAL OF FUNDS	
COST CENTRE OWNER:	
Name & Surname:	
Signature:	
Office Tel:	
Cell No:	

Total Cost:	R
Approved:	YES / NO
Cost Centre:	
GL Account:	

PLEASE TAKE NOTE OF THE FOLLOWING :

- * A 50% deposit is to be paid with the placement of each order and the balance payable on collection of the maps.
- * The minimum time period for an order to be processed, is approximately 1 week.
- * Please ensure that you order the correct information and receive the correct information.

I, _____ (name), hereby understand the contents & details of this order and request

the above maps as per details furnished.

Tel. No: _____

Cell. No. _____

Date: _____

Amount/Deposit Paid: _____

Balance Due: _____

Signature: _____

Date: _____

Client assisted by: _____

Whilst every care has been taken in compiling the information on this map, the City of Tshwane Metropolitan Municipality cannot accept responsibility for damages or any inconvenience that may arise from incorrect and/or incomplete information.