File
2-26-08

CITY OF CLOVIS
GIS MAP LAYER REQUEST FORM .xls

NAME OF NEW OR EXISTING MAP LAYER		
TYPE OF MAP LAYER	**DEPARTMENT SUBMITTING REQUEST**	**TARGET AUDIENCE**
☐ POINT ☐ LINE ☐ POLYGON		
REQUEST BY (NAME)	**DATE OF SUBMISSION**	**DATE NEEDED**
MAP LAYER OWNER (NAME)	**MAP LAYER EDITOR (NAME)**	**CHANGES TO OWNER / EDITOR**

REQUEST TYPE (CHECK ONE)

☐ NEW PRODUCTION LAYER ☐ MODIFICATION OF EXISTING LAYER ☐ REMOVAL OF EXISTING LAYER

PROPOSED UPDATE FREQUENCY

☐ MONTHLY ☐ QUARTERLY ☐ BIANNULLAY ☐ ANNUALLY ☐ OTHER (SPECIFY)

IF REMOVAL SPECIFY REASON	APPLICATIONS OR DEPARTMENTS/AGENCIES AFFECTED

CONCEPT/DESCRIPTION OF THE NEW OR EXISTING MAP LAYER

DESCRIPTION OF TABULAR DATA IN THE NEW MAP LAYER OR PROPOSED MODIFICATIONS TO THE EXISTING TABULAR DATA

PROPOSED DATA SETS TO LINK TO TABULAR DATA IN THE NEW OR EXISTING MAP LAYER

PROPOSED CARTOGRAPHIC REQUIREMENTS

WORKFLOW DEFINITION FOR UPDATE OF NEW OR EXISTING MAP LAYER

EXISTING APPLICATION THE NEW OR EXISTING MAP LAYER SHOULD BE ADDED TO

DEFINITION OF NEW APPLICATION REQUESTED

CAN THIS INFORMATION BE POSTED ON THE INTERNET? ☐ YES ☐ NO

ATTACH ADDITIONAL INFORMATION AS REQUIRED

DEPARTMENT HEAD SIGNATURE: _____ **DATE:** _____

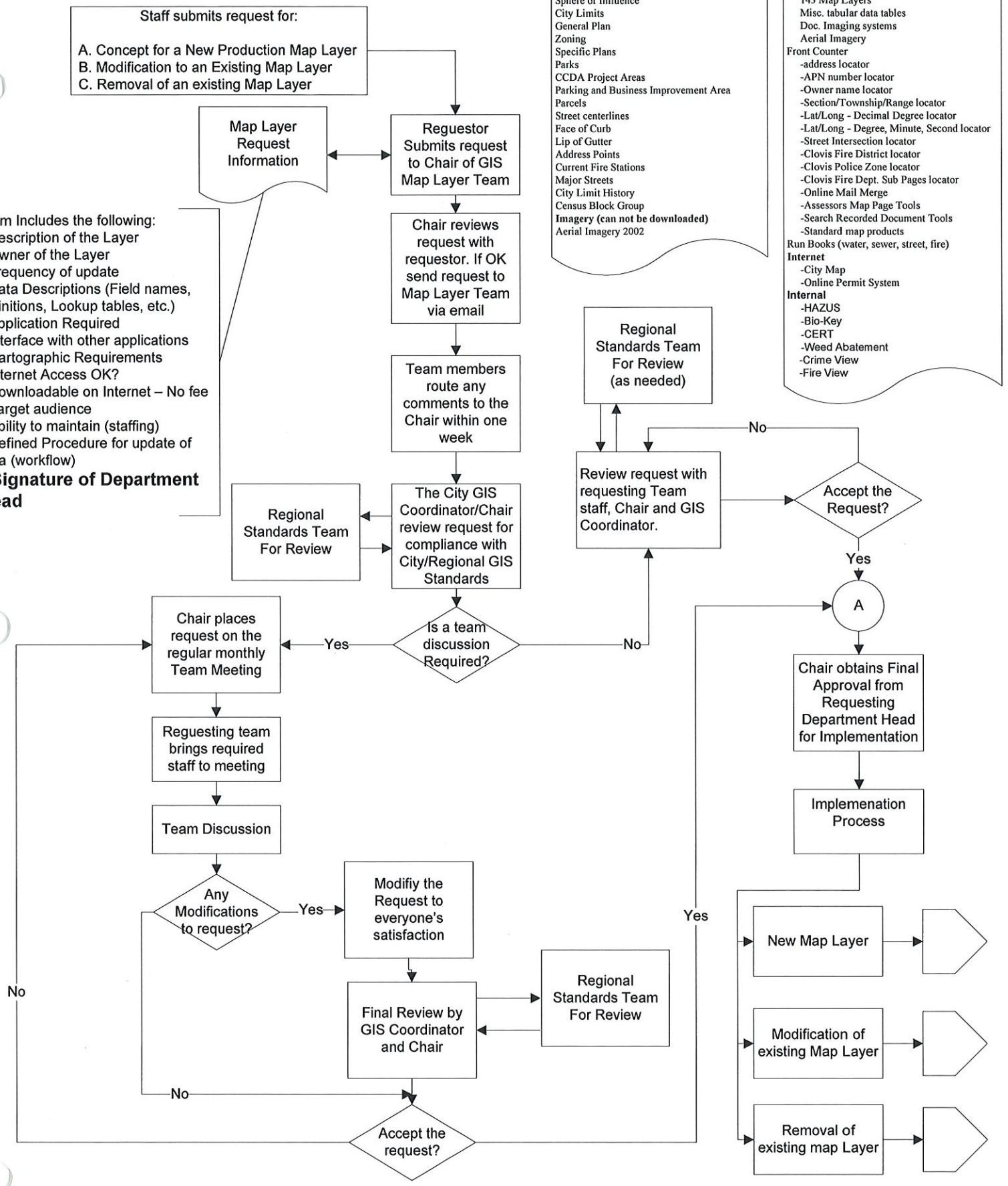
INTERNAL USE ONLY

☐ APPROVED ☐ DENIED **DATE** _____ **COMPLETION DATE** _____

NOTES:

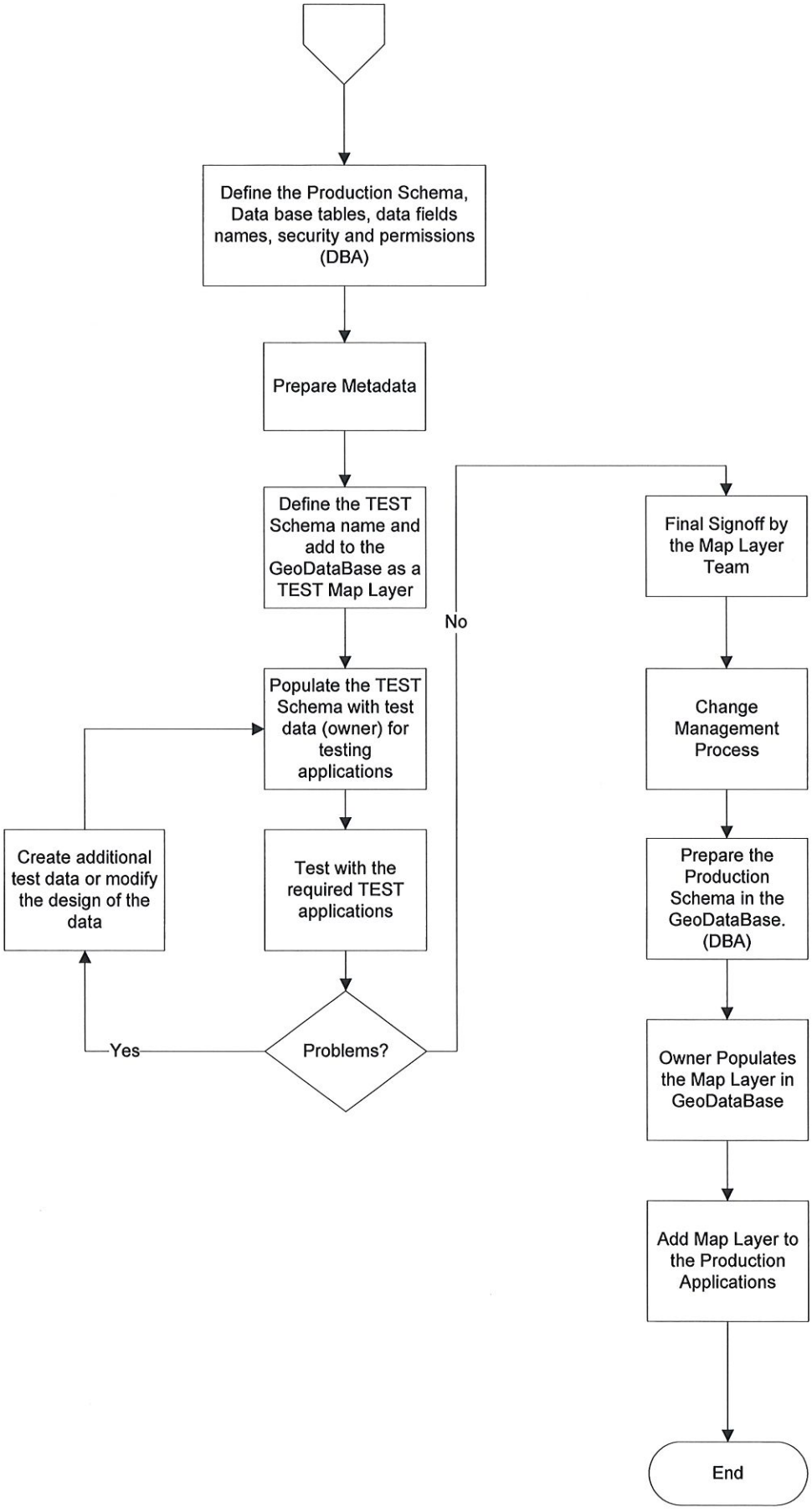
File
2-26-08

City of Clovis Production GIS Map Layer Process

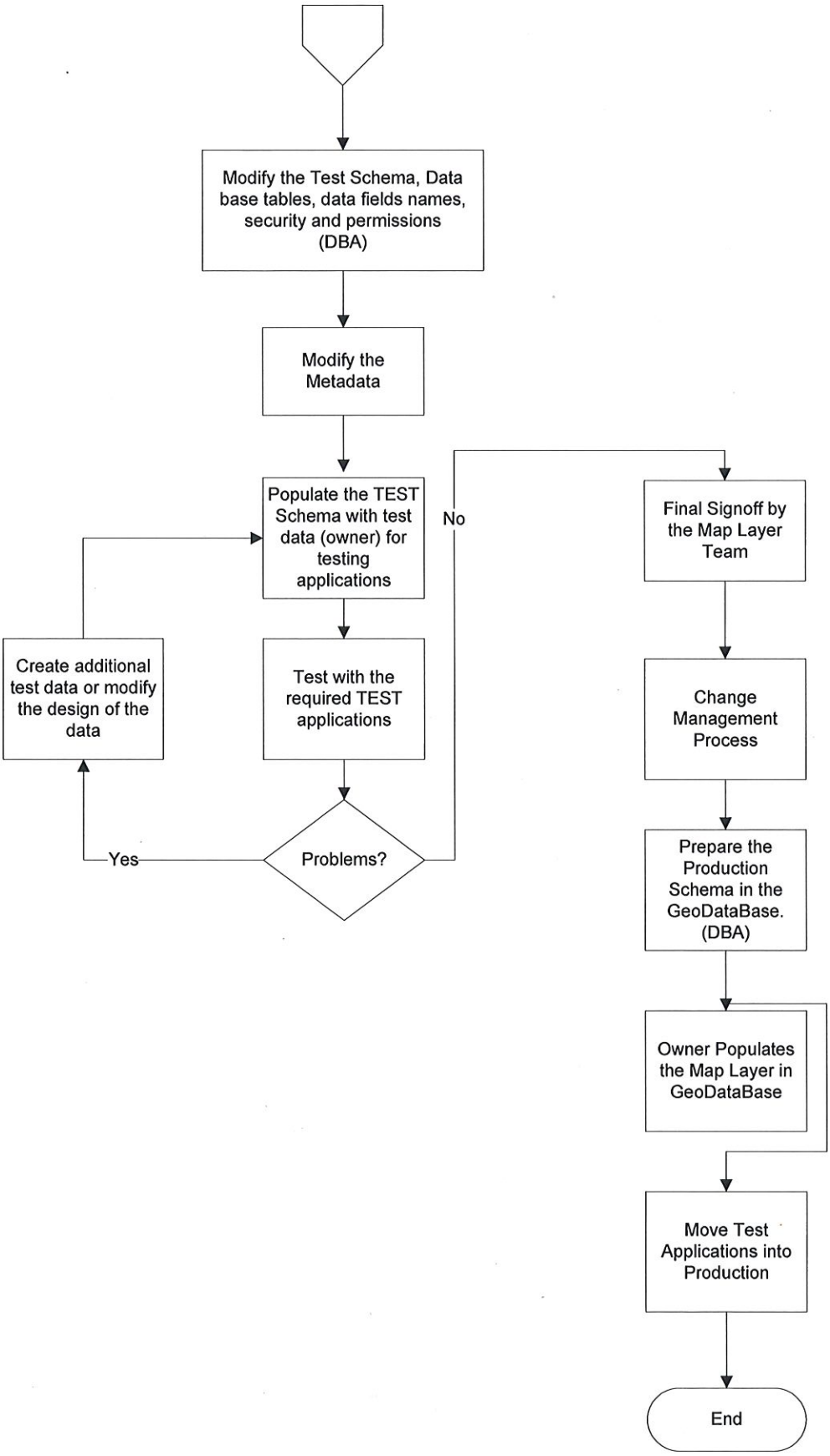
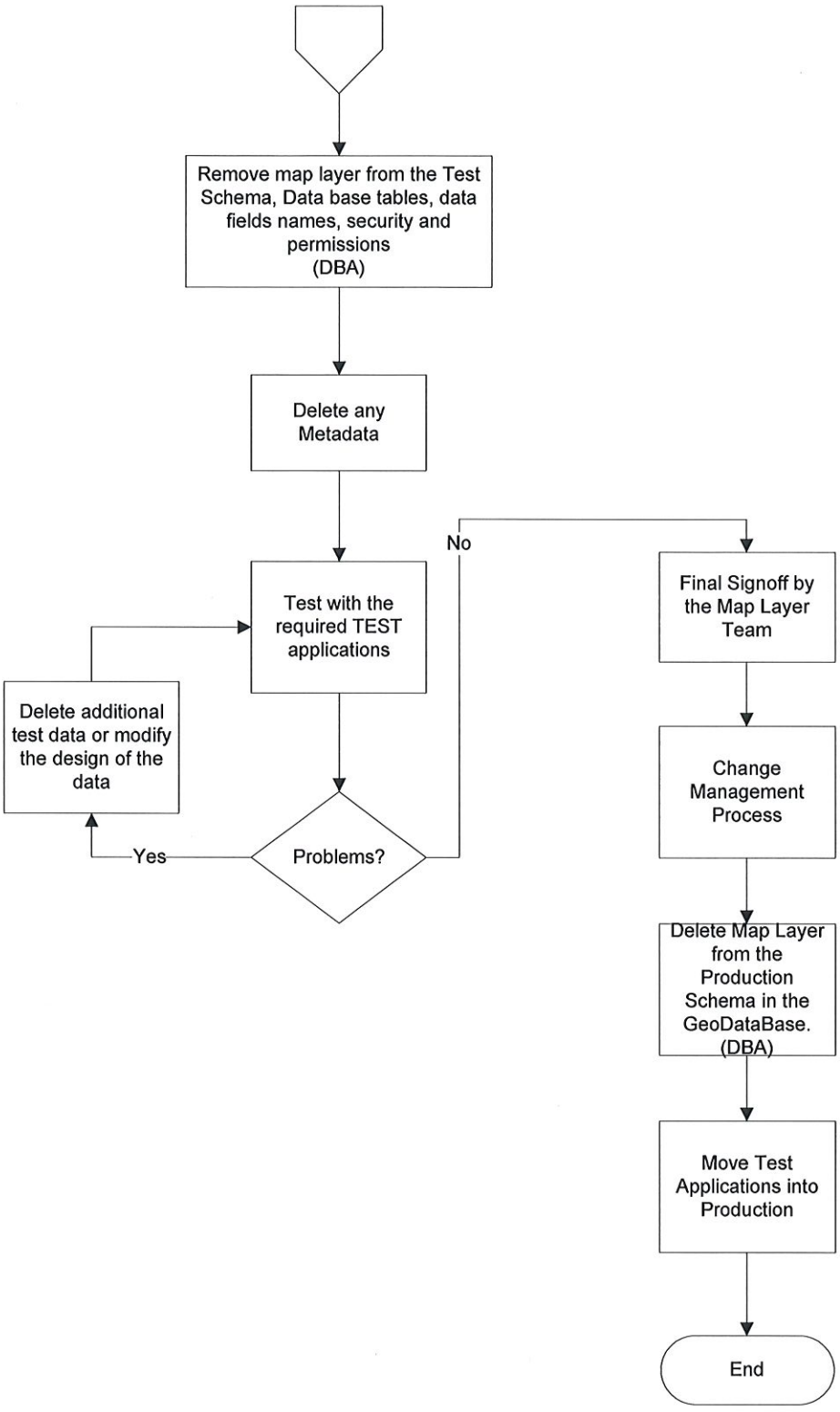


Revision 1.10, January 26, 2008

New Map Layer



Modification to existing Map Layer



Removal of existing Map Layer