

CITY OF GLENDALE MAPPING & RECORDS DEPARTMENT 5850 W. GLENDALE AVE. 3RD FLOOR SERVICE AND DOCUMENT REQUEST FORM CALL: 623-930-3656 OR EMAIL:

jtrasancos@glendaleaz.com jeastman@glendaleaz.com mnarup@glendaleaz.com

PERSON REQUESTING	THE INFORMATION	N:	
COMPANY NAME:			
ADDRESS:			
		ZIP CODE:	
PHONE:	EMAIL:		
INFORMATION BEING I	REQUESTED:		
Quarter Section Maps PDF As-Built DRAWINGS PDF (C GIS DATA (WATER, SEWER	CIVIL)	_	
DATE REQUIRED:			
I am requesting the followi	ng (be as specific as p	oossible):	

The public records, which I have requested, are for the follow	ving purpose(s):
DATA CONFIDENTIALITY	
THE REQUESTING PARTY AGREES THAT ALL DATA, INCLUDING ORIGINAL IM CONFIDENTIAL AND PROPRIETARY INFORMATION BELONGING TO THE CITY. NOT DIVULGE DATA TO ANY THIRD PARTY WITHOUT PRIOR WRITTEN CONSE USE THE DATA FOR ANY PURPOSES OTHER THAN THOSE STATED ABOVE. THI ALL LIABILITY FOR MAINTAINING THE CONFIDENTIALITY OF THE DATA IN IT TO DESTROY THE INFORMATION AFTER THE PROJECT IS COMPLETED OR THE NEEDED.	THE REQUESTING PARTY WILL INT OF THE CITY AND WILL NOT E REQUESTING PARTY ASSUMES IS POSSESSION AND IS EXPECTED
DISCLAIMER - INDEMNIFICATION	
THE REQUESTING PARTY UNDERSTANDS AND AGREES THAT CITY OF GLEE ACCURACY OF THE DATA AND INFORMATION REQUESTED AND HER RESPONSIBILITY FOR THE VALIDITY, ACCURACY, INACCURACY OF ANY S REQUESTING PARTY ACCEPTS RESPONSIBILITY FOR ANY UNAUTHORIZED UDATA OR INFORMATION IN ITS ACTUAL OR ALTERED FORM.	EBY EXPRESSLY DISCLAIMS ANY AID DATA AND INFORMATION. TH
CICNIA TUDE.	
SIGNATURE:	
COMPLETE BY: D	ATE: