COUNTY OF TULARE REGISTRAR OF VOTERS



I.T. UNIT (559) 839-2100

MAP REQUEST FORM

First Name:		Last Name:		
Residence Address:		City:	State:	Zip:
Mailing Address (if different from above):		City:	State:	Zip:
Contact Number:		Email Address:		
MAP AREA:			MAP SIZ	E:
☐ Entire County of Tulare			☐ 8.5" x 11	L"
☐ District(s) Name	: <i>I</i>	Area/Number:		
MAP CONTENT:		GIS SHAPEFILES:		
Precincts	☐ Street Names	☐ District(s) Name:		
☐ Custom Request:		Custom Request:		
				<u> </u>
	FEES:			
8.5" x 11" Printed Paper Map (ex			\$5.42	
PDF Map (existing file)			\$30.00	
GIS Shapefile			\$35.00	
L	Custom Request		\$70.00/per hour	
ready within 72 bu noted. Any map n County Registrar o	received in full prior to any massiness hours upon approved of picked up within 30 days of Voters may not be reproductly Registrar of Voters office.	request and r will be destr	received payment oyed. Maps purcl	, unless otherwise hased from Tulare
You may return t	his completed form to our	office in per	son, by mail, or	by email.
Signature:		Date:		
OFFICIAL USE ONLY	<u>'1</u>			
Payment Received:	YES NO TOTAL: \$			
Received By:		Date:		
Date Completed:				