

REQUEST FOR TOWN MAPPING INFORMATION

Please complete this form in its entirety. The Town will process your request within 10 days of the receipt of the completed form and full payment. All funds must be submitted with this request form. Please make checks payable to the Town of Hudson.

REQUEST (Please check all boxes that apply.)

<input type="checkbox"/> AutoCAD Drawing	<input type="checkbox"/> Digital	<input type="checkbox"/> Paper	Tile number(s) _____
<input type="checkbox"/> Orthographic Photos	<input type="checkbox"/> Digital	<input type="checkbox"/> Paper	Tile number(s) _____
<input type="checkbox"/> GIS Information	<input type="checkbox"/> Digital	<input type="checkbox"/> Paper	Tile number(s) _____

Complete set of digital AutoCAD Drawings
 Complete set of digital Orthographic Photos
 Complete set of digital GIS Data

FEES*

	<u>Digital</u>	<u>Paper</u>
AutoCAD Drawing	\$100 / tile	\$25/tile
Orthographic Photos	\$100 / tile	\$25/tile
GIS Information	\$100 / tile	\$25/tile

Complete set of digital AutoCAD Drawings	\$8,000
Complete set of digital Orthographic Photos	\$8,000
Complete set of digital GIS Data	\$8,000

**Fees are charged pursuant to RSA §31:95-f*

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

Thank you.

The above signed hereby acknowledges that under New Hampshire law, the Town of Hudson may not consider the motives, reasons, or justifications of an individual requesting disclosure of public records. The Town of Hudson does not represent or warrant the content, quality, accuracy, completeness, or suitability of the foregoing public records for any purpose for which they have been requested, including the purpose(s) of the undersigned. The undersigned hereby agrees that the Town of Hudson shall not be liable for any damages, whether direct, indirect, general, incidental, consequential, exemplary or special, arising from the use or misuse of any information contained within the foregoing public records.