

Date: \_\_\_\_\_



**GEOGRAPHIC INFORMATION SYSTEM (GIS) STEERING COMMITTEE**  
**c/o OFFICE OF HEALTH ASSESSMENT AND EPIDEMIOLOGY**  
**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES**  
313 N. Figueroa Street, Suite 127, Los Angeles, CA 90012. ♦ Phone: (213) 240-7785, FAX: (213) 250-2594

**GIS Service Request Form**

(Please send form to GIS Steering Committee administrator Ms. Pat Schenk by mail, FAX, or e-mail [pschenk@ladhs.org](mailto:pschenk@ladhs.org))

1. Name:			
2. Job title:			
3. Office:			
4. Address:			
5. Phone No:		6. e-mail:	
7. Requesting service details: (Attach sheets as needed)			
a. Nature & scope:			
b. Specifications:			
c. Desired timeframe:			
8. Have the above service details been discussed with the GIS-personnel of Urban Research Office or Office of Health Assessment and Epidemiology?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please indicate		a. Estimated timeframe:	b. Estimated person-hours:
9. Funding source for the service.			
10. Justification for requesting the service.			

11. Requester's signature: \_\_\_\_\_ Print name: \_\_\_\_\_

12. Office director's signature: \_\_\_\_\_ Print name: \_\_\_\_\_

<b>GIS Steering Committee official use only</b>	
Cost estimate: _____	Action: _____
Reviewer: _____	Date: _____