



**South Carolina Emergency Management Division
GIS Map/Data Request Form**

Requesting Map Product Information:

Name: _____

Date: _____

Department/Organization: _____

Email: _____

Address: _____

Phone: _____

City/State/Zip: _____

Date Wanted By: _____

Requesting Product Type (please check all that apply):

Map KML/KMZ (for Google Earth) Data layer update

Do you want aerial imagery on your map? Yes No

Do you want a printed map product? Yes No

Do you want the map emailed to you? Yes Yes other format: _____ No

What data layers do you want (please list)? (On the following lines, please provide information about what you would like to include on the map/ information about the data you are requesting. Also provide the size of the map if you are requesting a printed map product.)

Please feel free to contact me if you have questions:

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For products that are requested that are not an emergency, please allow at least 2 business weeks to get your requested product.