

GIS WORK REQUEST

OCONEE COUNTY INFORMATION TECHNOLOGY DEPARTMENT

COMPANY (If applicable) _____

NAME _____

DATE OF REQUEST _____ EMAIL _____

PHONE _____ CELL PHONE _____

SERVICE REQUESTED _____

SIGNATURE _____ DATE _____

(Please fax this request to 775-239-5498 ATTN: Alex DeVine)

APPROVAL OF WORK TO BE DONE YES OR NO DEPARTMENT HEAD _____

COST _____ PAID: YES OR NO COMPLETION DATE _____

Notes:

FOLLOW UP: SATISFIED WITH WORK YES OR NO DATE _____

FOR INTERNAL USE ONLY

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