

REQUEST FOR MAPPING COST PROPOSAL

TO: MID-ATLANTIC PHOTOGRAMMETRIC SERVICES, INC.
65 Old Highway 22, Suite #7
Clinton, NJ 08809
Tel: (908) 713-1455 Fax: (908) 713-9765
e-mail address: sales@mapsinc.com

FROM: _____

Tel: _____ Fax: _____
e-mail: _____

AERIAL PHOTOGRAPHY:

B&W Color other _____

PHOTOGRAMMETRIC GROUND CONTROL:

Control contracted by MAPS _____ or others _____.

Horizontal Grid: State 1983 other _____ Vertical Grid: State 1988 other _____

TOPOGRAPHIC MAPPING:

CAD Format	AutoCAD	Microstation	other _____					
Mapping Scale	1" = 10'	20'	30'	40'	50'	100'	200'	other _____
Contour Interval	One foot	Two feet	Five Feet	Ten Feet				
Output Plots	Paper Check Plots	Mylar						
Sheet Size	24"x36"	30"X42"	36"X48"	other _____				
Magnetic Media:	3.5" disk	cd-rom						
Orthophotos	0.5 foot pixel	1.0 foot pixel	other _____					

JOB LIMITS:

The job limits are shown on one of the following:

The attached map _____ (map source).
USGS QUAD SHEET _____ (name of Quad sheet).
includes (0' 50' 100' 200' _____ feet offset from site boundary).

The job area is estimated to be:

_____ acres.
_____ max. feet wide _____ max. feet long.
_____ feet of elevation change across the site.