FORM F: USER SUBMISSION OF SPATIAL DATA CAPTURE NEEDS

(To be completed by user to specify data capture needs)

Requester Information

Name of Organisation:_____
_____

Tel Number: _____

Fax Number:_____

Designation:_____
_____

Email:_____

Address:_____

_____

URL:_____

Purpose of dataset:_____
_____
_____
_____
_____

Custodian detail

Name of Organisation:_____
_____

Tel Number: _____

Contact Person: _____

Data category	
Elevation	
Land cover	
Satellite imagery	
Aerial photography	
Transportation	
Utility	
Communication	
Demographic Datasets	
Other	

Data / Information product specification (mark with X)

Aerial		Satellite Image		Orthophoto	
Vector		Attribute			

Other:

Feature type:

Spatial Reference system by coordinates

Longitude:_____
Latitude:_____
Map layer:_____

Resolution / Scale: