Hand County 415 W 1st Ave, Lockbox 6 Miller, SD 57362

hcdoe@handcountysd.org 605-853-2115

GIS Services and Data Request Form

Contact Information:

Contact Information.	
Agency Organization Name:	
Applicant's Name & Title:	
Nature of Agency:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
E-Mail:	
Services or Data Requested:	
	roduct or to value-add the data or products you have requested? (See bution Provisions' for full provisions) YES \Box NO \Box
Do you intend to redistribute or re-sell format, any of the data or products you	, in either the original format or in a derivative or value-added have requested? YES \square NO \square
Intended Use:	