



# Ulster County

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Director of UCIS

Providing innovative ideas and quality customer service

## GIS DATA REQUEST FORM

Are you or is your agency a member of the New York State GIS Data Sharing Cooperative?

Yes:            No:

Name of Agency as it Appears on the New York State GIS Data Sharing Cooperative member list:

\_\_\_\_\_

Name of Agency Requesting GIS Data: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Data Set(s) Requested:

<b>Parcels:</b>	<b>Soils:</b>	<b>Ambulance:</b>	<b>Municipal Boundaries:</b>
<b>Roads:</b>	<b>Streams:</b>	<b>Fire:</b>	<b>Election Districts:</b>
<b>Railroads:</b>	<b>Water Bodies:</b>	<b>Hydrants:</b>	<b>School Districts:</b>
<b>Addresses:</b>	<b>Flood Planes:</b>	<b>Police:</b>	<b>Census Blocks:</b>
<b>Postal Codes:</b>	<b>NYS Fresh Water Wetlands:</b>	<b>Schools:</b>	<b>Zoning:</b>
<b>Hospitals:</b>	<b>National Wetland Inventory:</b>	<b>Other:_____</b>	

### Format Needed

**Shapefiles:**

**Geodatabase:**

### Data Transfer Method

**CD / DVD:**

**FTP:**

**Portable Hard Drive:**

*(User is responsible for providing the hard drive)*

**(5Mb Limit) Email:**

Today's Date: \_\_\_\_\_

Data Data is Required: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Fill out this form and send it to:*

**Sylvia Wohlfahrt - Ulster County Information Services**

**Email**  
swoh@co.ulster.ny.us

**Fax**  
(845) 339-1498

**Mail**  
25 South Manor Ave.  
Kingston, NY 12401