



Data Request Form

Date: _____

Submit by May 15th

A. Contacts

For HELP in filling in an answer, press the "F1" key after selecting an answer box. For more extensive help see the "Data Request Instructions" document.

Primary Contact: _____ UMAC School: _____

Occupation/Job Title: _____ UMAC Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: () - ext. _____

Secondary Contacts Total Applicants: _____

Name: _____ Occupation: _____ Email: _____

Phone: () - ext. _____ Notify when data is available? Yes No

Name: _____ Occupation: _____ Email: _____

Phone: () - ext. _____ Notify when data is available? Yes No

B. Imagery

Data acquisition will consist of a two week window extending one week before and after the date(s) specified below.

Acquisition Dates: _____ No Preference: Number of Flights Requested: _____

1st Priority: _____ 2nd Priority: _____ 3rd Priority: _____

Band Combination: CIR RGB BOTH (See Data Request Instructions about RGB images)

Resolution: 1 meter 1.5 meter 2 meter Other: _____

Reason for requesting other resolution?

E. Data Use Description

Check all that best describe what the data will be used for:

- | | | | | |
|--|---|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Precision Ag | <input type="checkbox"/> Invasive Species | <input type="checkbox"/> Zone Mapping | <input type="checkbox"/> Educational | <input type="checkbox"/> Forestry |
| <input type="checkbox"/> Prairie | <input type="checkbox"/> Cartography | <input type="checkbox"/> Water | <input type="checkbox"/> Range | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Human Impacts | <input type="checkbox"/> Research | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Wildlife | Other: _____ |

Using the space below, describe how your imagery will be used. If you wish to include further detail regarding any previous section of this form, also include it here.

Please submit this form by May 15th to:

Clint Streeter

Center for People and Environment
Room 313 Clifford Hall Stop 9011
Grand Forks, ND 58202-9011

streeter@aero.und.edu

Work (701) 777-2503
Fax (701) 777-2940

Site Information Supplement

Additional Sites (under this request)

Legal Description: State: _____ County: _____ Township: _____

Township: T N Range: R W Section(s): _____ Qtr: NW NE SW SE

Elevation (optional): Minimum _____ ft Maximum _____ ft Average _____ ft

Check all that apply

Topography: Flat Rolling Hills Mountainous Riparian Other _____

Vegetation: Marsh Cropland Rangeland Forested Brush Prairie Other

Legal Description: State: _____ County: _____ Township: _____

Township: T N Range: R W Section(s): _____ Qtr: NW NE SW SE

Elevation (optional): Minimum _____ ft Maximum _____ ft Average _____ ft

Check all that apply

Topography: Flat Rolling Hills Mountainous Riparian Other _____

Vegetation: Marsh Cropland Rangeland Forested Brush Prairie Other

Legal Description: State: _____ County: _____ Township: _____

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Topography: Flat Rolling Hills Mountainous Riparian Other _____

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