

DEPARTMENT OF TRANSPORTATION  
LOCATION AND DESIGN DIVISION  
IMAGERY REQUEST FORM

FOR VGIN COLOR ORTHOPHOTOGRAPHY

Date of Request: \_\_\_\_\_  
UPC: \_\_\_\_\_ Project Number: \_\_\_\_\_  
Activity Number: \_\_\_\_\_ Project Location (City/County, etc.): \_\_\_\_\_  
Requested By: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Intended use of Imagery: \_\_\_\_\_  
VDOT Personnel using the Imagery: \_\_\_\_\_

Has the person making this request read the L&D user instructions and the VBMP license agreement? If NO, this must be completed before requesting imagery. YES \_\_\_ NO \_\_\_

Will this imagery be distributed to consultants or other non – VDOT person/entity? If YES a contractor's agreement must be received before imagery is released. YES \_\_\_ NO \_\_\_

Date Needed: \_\_\_\_\_

Image Format:     \_\_\_ MrSid  
                      \_\_\_ GeoTiff (.tif)  
                      \_\_\_ Descartes/Micorstation (.hmr)

Coordinate System: \_\_\_ VDOT Project Coordinates   County Scale Factor:  
                          \_\_\_ Virginia State Plane-North Zone  
                          \_\_\_ Virginia State Plane-South Zone

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CC: District Location & Design Engineer  
Project Manager  
Project Designer