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GIS CUSTOM ORDER FORM

Fill out form and mail or bring in to office with payment (check or money order). If you have any questions, please contact us.

Request Taken By:	Date:	Phone/Email (email required if requesting a PDF):
Name/Company (address required if requesting maps mailed):		

Disclaimer: This data is maintained for tax purposes only. It is not intended or sufficiently accurate to be used for conveyances and/or legal documents. Aerial photography is used for visual purposes only and is not intended to show precise property line locations and/or measurements. Any use other than for tax purposes shall be at the user's risk. Availability of data and the data itself is subject to change without notice. Some data included in this map or project may have been obtained from various sources. The Department of the County Assessor is not responsible for the accuracy, maintenance, or distribution of this data; therefore, it does not warrant the accuracy of the data.

Scope of Project

Enter scope here:

Deliverables (first map included, additional map(s) prices)

Paper Map Size	Price	Qty	Total
8x11	\$10.00		
24x24	\$30.00		
36x36	\$40.00		
Other Requested Size: _____	Varies		
Digital (enter yes next to desired format)			
PDF			
File Geodatabase (ESRI format)			
Shape File (ESRI format)			
File can be emailed, or uploaded to your FTP site, Dropbox, or other choice of data transfer. CD/DVD is also available.			

NOTE: The Assessor's Property Viewer is located on the Assessor's home page at www.jeffcomo.org. Property can be viewed, searched, and printed. In addition, a variety of GIS data is available on the home page that may meet your needs. Please review this information as it is available at no cost.

Project Fees

Minimum Fee – includes 1 hour and 1 map	\$100
Additional Hours at \$60 each No. of Hours: _____	
Additional map(s)	
CD/DVD & Shipping (\$5.00)	
Shipping up to 4 maps (\$5.00)	

An estimate will be given at time of order. If the project takes longer than anticipated; additional charges may apply.

Total: _____ Amount Paid: _____ Date Paid: _____

Signature: _____

Your signature constitutes your agreement to pay for services requested and acceptance of the Disclaimer.

Payment is expected at time order is placed. Please make check payable to
Department of County Assessor and mail to: **Department of the County Assessor, Attn: GIS, PO Box 100, Hillsboro MO 63050**