



Conservation Halton
 2596 Britannia Road West,
 Burlington, ON, L7P 0G3
gis@hrca.on.ca

Phone: 905.336-1158
 Extension: 2327
 Fax: 905.336.7014
www.conservationhalton.on.ca

Geographic Information Systems
*Protecting the natural environment
 from lake to escarpment*

REQUEST FOR DIGITAL MAPPING OR DATA LICENSING

This application must be completed in full for all digital mapping and data requests. Incomplete applications will be returned to the applicant and may result in significant delays to processing your request. Data licenses are issued for all approved requests, typically on a project-by-project basis. Conservation Halton's Data Distribution Policy will determine if data licensing fees or staff time recovery fees will be charged.

A typical information request will take approximately 5 to 15 business days to process, from the time a signed licensing agreement is received by Conservation Halton. Additional time may be required for large data orders or requests that require staff time in excess of one hour to complete. Requests are processed in the order that they are received. Enquires regarding the status of any information request should be directed to gis@hrca.on.ca

A. STUDY AREA

DATE	DATE DATA REQUIRED BY
PROJECT TITLE OR STUDY NAME	
PROJECT LOCATION OR STUDY AREA (BE SPECIFIC)	
STUDY AREA MAP ATTACHED? No Yes	

B. INFORMATION USE

PLEASE PROVIDE SPECIFIC INFORMATION ON HOW THE DATA WILL BE USED IN THE PROJECT OR STUDY.

C. TYPE OF INFORMATION REQUEST

WHAT TYPE OF DATA ARE YOU REQUESTING?		
PRINTED PUBLICATIONS, REPORTS, MAPPING, DATABASE SUMMARIES	No	Yes
DIGITAL GIS DATA OR DATABASES	No	Yes
ENGINEERING HYDRAULIC/HYDROLOGIC MODELS	No	Yes
OTHER (PLEASE SPECIFY BELOW)		



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D. INFORMATION REQUESTED - PACKAGES

PLEASE CIRCLE THE DATA PACKAGE REQUIRED OR CREATE A CUSTOM LIST ON PAGE 2.

Planning Package A B Floodplain Package A B C Ecology Package A B

D. INFORMATION REQUESTED - INDIVIDUAL LAYERS

PLEASE LIST OTHER SPECIFIC MAPPING, DATA OR INFORMATION REQUIRED HERE.

E. CONTACT INFORMATION OF INDIVIDUAL OR ORGANIZATION INITIATING THE PROJECT

(Note: This contact will be a licensee, required to sign and be bound by the terms and conditions of the Data Licensing Agreement. Typically, this is the **individual landowner or Municipality who hired a consultant** to undertake the works.)

NAME	CITY/PROVINCE	POSTAL CODE
POSITION TITLE	TELEPHONE NO.	
AGENCY/AFFILIATION	EXTENSION	
BRANCH/DIVISION (IF APPLICABLE)	FAX NO.	
MAILING ADDRESS (STREET/P.O. BOX/SUITE)	EMAIL ADDRESS	

F. CONTACT INFORMATION OF THE ORGANIZATION WHO WILL RECEIVE THE DATA

(Note: This contact will be a licensee, required to sign and be bound by the terms and conditions of the Data Licensing Agreement. Typically this individual is the **project manager/coordinator**.)

NAME	CITY/PROVINCE	POSTAL CODE
POSITION TITLE	TELEPHONE NO.	
AGENCY/AFFILIATION	EXTENSION	
BRANCH/DIVISION (IF APPLICABLE)	FAX NO.	
MAILING ADDRESS (STREET/P.O. BOX/SUITE)	EMAIL ADDRESS	

G. CONTACT INFORMATION OF INDIVIDUAL FROM ORGANIZATION F WHO WILL RECEIVE THE DATA

(Note: Typically this is the **technician who will receive the data**. If this section is blank, data will be delivered to the attention of the individual listed in F above.)

NAME	CITY/PROVINCE	POSTAL CODE
POSITION TITLE	TELEPHONE NO.	
AGENCY/AFFILIATION	EXTENSION	
BRANCH/DIVISION (IF APPLICABLE)	FAX NO.	
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