

MAP & IMAGERY LABORATORY
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IMAGERY SEARCH REQUEST FORM

Please complete this form and attach it to a copy of a map (U.S. Geological Survey topographic quadrangle or Thomas Bros. Street Atlas page preferred), with your area clearly marked. Please be as specific as possible in filling out this form.

1. Geographic location of area:

State _____ County _____ City _____

Latitude and Longitude _____

OR

Township and Range (give baseline and meridian) _____

2. Time frame of imagery that will be useful to you: (Example: 1950-1973): _____

3. Scale of imagery: (Example: 1:20,000-1:40,000; or 1"=2000', etc.) : _____

4. Size and type of objects you need to be able to identify:

5. Requirements as to imagery characteristics: (circle any that apply):

color black and white color infrared

stereo oblique other (specify) _____

6. If you have any information regarding imagery covering your area, please note it here.

Include flight number, date, scale, agency and any markings on the photographic frames:

7. Any additional information that may expedite our research:

8. Your contact information:

Name

Agency or Company

Address

City,

State,

Zip Code

Area Code Telephone number

Area Code FAX number

E-Mail address

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SIGNATURE

DATE

SIGN AND MAIL THIS REQUEST TO:

OR SIGN & FAX TO:

Map & Imagery Laboratory

(805) 893-8799

**Davidson Library
University of California
Santa Barbara, CA 93106-9010**

**OUR TELEPHONE NUMBER IS:
(805) 893-2779**

Email: milrefdesk@library.ucsb.edu