



**Town of Islip
Department of Planning and Development**

Office Use Only

Map No. 20 ____ - ____

Receipt No. _____

Map Request Form/FOIL

1. Applicant Information

Name: _____ Phone Number: _____

E-Mail Address: _____

2. Subject Area Information

Address: _____

Tax Map Number(s): _____

Description of Subject Area: _____

3. Map Request (allow a minimum of one week for processing)

Printed in Black & White

Map Size	No. of Copies	Landscape	Portrait	Cost
8.5" x 11" or 8.5" x 14"				\$0.25
11" x 17"				\$2.50
Larger than 11" x 17"				\$10.00

Data to be Included (check all relevant data—no more than one aerial per map):

- | | |
|---|---|
| <input type="checkbox"/> Hamlets | <input type="checkbox"/> Zoning Data |
| <input type="checkbox"/> Legislative Districts | <input type="checkbox"/> Street Labels |
| <input type="checkbox"/> Flood Zones (<input type="checkbox"/> 1998 <input type="checkbox"/> 2009) | <input type="checkbox"/> Wetlands (<input type="checkbox"/> Freshwater <input type="checkbox"/> Tidal) |
| <input type="checkbox"/> School Districts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parcel Lines | |
| <input type="checkbox"/> Aerial Imagery (circle desired year): 1938; 1947; 1961; 1969; 1972; 1976; 1980; 1984;
1999; 2001; 2004; 2007; 2009; 2010; 2011; 2012 (coastline only); 2013; 2016; 2020 ; | |

Features to be Labeled: _____

Title of Map: _____

Other Instructions: _____

1. The following must be requested via FOIL Request Form at the following link: <https://www.islipny.gov/foil> (along with this map request form) through the Town Clerk's Office:
 - a. Photocopies of a paper original map
 - b. Maps located within a file on the Town Network
 - c. Maps that can be reproduced using the Town's GIS Viewers (ArcIMS/ Geocortex viewers)
 - d. Zoning Map Section Posters (must be accompanied by a Zoning Map Request Form, not this Map Request From)
2. Payment is due at the time of application and is payable by cash, credit card or check and made payable to Town of Islip.

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Map Rate: _____ Rate for Additional Copies: _____

Total Cost: _____

Method of Payment:

Cash Check (Check No. _____)

I have reviewed the information contained in this application and agree to abide by its stipulations

Signature of Applicant

Date