



Request for Buffer Map and Owner Listing

Lands & Survey

Government Administration Building
133 Elgin Ave, PO Box 1089, Grand Cayman KY1-1102, Cayman Islands

Name:

Company/Dept.:

PO Box & Zip:

Phone:

Email:

OFFICIAL USE ONLY	
Job No:	
Date Requested:	
Date Required:	
SIGNATURE:	
Request Received By:	

**NOTE: ALL MAP REQUESTS MUST BE PAID IN FULL BEFORE THE JOB CAN BE PROCESSED.
RE-RUNS OF JOBS FOR UPDATED INFO ATTRACT FULL FEE.**

PAYMENT METHOD:	DEBIT/CREDIT CARD #:	N / A
CHECK NUMBER:	CARD EXPIRY DATE:	N / A

BUFFER MAP DETAILS

SUBJECT PARCEL(S) (PLEASE USE ONE FORM PER BUFFER MAP)

BLOCK: PARCEL: BUFFER DISTANCE:
(2FT FOR SIGN NOTIFICATION)
INCLUDE ADJACENT ROAD PARCELS

PLANNING FORM DETAILS (BE VERY SPECIFIC)

- BUFFER MAP
- LABELS 1 set / 5 sets
- PLANNING FORMS
- EMAIL LISTING
- STAMPED OWNER LISTING

APPLICANT'S NAME:

PO Box:

DATE:

PURPOSE:

BLOCK:

PARCEL:

OWNER:

(NB: The stamped Owner Listing is a Planning requirement.)

The Planning Officer [from Planning Department] certifies that the information above is correct

X Signed by Planning Officer: _____ Date: _____ TOTAL

TERMS AND CONDITIONS: PLEASE NOTE ALL SALES ARE FINAL! Cayman Land Info agrees to make all reasonable efforts to ensure that every request is completed as ordered. Except in cases of non-delivery, there are NO REFUNDS!

I hereby certify that I am an authorised signatory for the above named company (where applicable) and I agree to the above terms and conditions.

X Signed (authorised signature) _____

THANK YOU FOR YOUR BUSINESS!

Date Submitted:	Map Produced By:	Invoice #:
Fee: \$	Checked By:	Receipt #:
File/Project Ref:	Date Completed:	Date Paid: ___/___/___

Date(s) Client Contacted:

____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____