



Institute of Cadastral Surveying (Inc)

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SURVEY PLAN IMAGE ORDER FORM

Licensee

Contact Person

Telephone Number

Fax Number

Email Address

Delivery Address

.....
.....

Land Districts Required

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.....
.....
.....
.....

License Type & Fee

Number of Computers being connected

Handling, Imaging Software, & Initial Installation Support Fee

Storage Media & Fee

Subtotal

GST _____

Total _____

(Please include payment with order)