

HIGHWAYS DEPARTMENT
SMO DIGITAL MAP DATA PROBLEM REPORT FORM

Part A (to be completed by user)

To: Chief Land Surveyor

Fax : 2310 8438

Attn : LS/Admin

No. of page(s) : _____ (incl. this page)

1. User's Details

Office: _____

Contact Tel: _____

User's Name/Post: _____

Fax: _____

Agreement/Contract No.: _____

Report Date: _____

Project Title : _____

2. Digital Map Data Details

License No.: G

a. Data Type :

<input type="checkbox"/> B1000	<input type="checkbox"/> B5000	<input type="checkbox"/> B10000	<input type="checkbox"/> B20000	<input type="checkbox"/> BG1000	<input type="checkbox"/> C1000	<input type="checkbox"/> DOP5000	<input type="checkbox"/> GeoCom
				<input type="checkbox"/> SG1000		<input type="checkbox"/> DOP10000	
				<input type="checkbox"/> RG1000			
<input type="checkbox"/> Others :							

b. Format :

ArcInfo		AutoCAD											
Native	E00	ASCII	DWG	DXF	DGN	Raster(Tiff)	MS Excel	MS Access	ECW	Mr. SID	Geo-tiff		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

c. Platform : Unix / Windows

d. Problem Locations (if any):

i. Sheet Nos. : _____

ii. Layer/Coverage Name : _____

iii. Approximate Coordinates : _____ N _____ E

3. Details of Problem : _____

Additional Attachment

4. User's Software Package & Version in use : _____

Part B (to be completed by Survey Division)

To: _____ (Fax: _____)

Date: _____

I acknowledge receipt of the above report and the information is being forwarded to SMO.

Signature : _____

Post : _____

Name : _____

Tel. No. : _____

Tick as appropriate