

HIGHWAYS DEPARTMENT
Maps/Drawings Request Form

File Ref.

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(This form can be completed in English or Chinese. Please read the notes overleaf before writing)

(Section A) Applicant's Particulars			
Name	* Mr/Mrs/Miss	Telephone no.	
Company Name		Fax no.	
Correspondence Address			
Request Information (Details of maps/drawings)			
*Subject/Projects/Location			Structure No. (if applicable)
Govt. Project	*Yes / No	If Yes, Client Department	
Purpose Use of the Records			
Drawing Numbers / Details of map(s)/drawing(s) request:			
If reproducing charge is required, I prefer to collect the demand note in person / by post *			

* Please delete as inappropriate

Signature _____ **Date** _____

-----This part is to be filled by Highways department-----

To: _____

File Ref.

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Acknowledge Receipt

The Highways Department acknowledges receipt of your Maps/Drawings Request Form on _____ . A reply will be sent to you within 14 working days of the receipt of the application.

For further enquires or correction of data contained in your application form, please contact the officer as follows:

<u>Contact Officer</u>	<u>Telephone No.</u>	<u>Fax No.</u>

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for Drawing Office of Highways Department

(Section B) Cost Calculation (to be filled by Drawing Office)

Description	Quantity	Unit Price (\$)	Amount (\$)
		Total Cost	

(Section C) Demand Note Details (to be filled by Accounts Office)

Demand Note No.	Date of Issue	Date of postage	Date of Settlement	Date of inform D.O.
	/ / dd/mm/yy	/ / dd/mm/yy	/ / dd/mm/yy	/ / dd/mm/yy

(Section D) Delivery Details (to be filled by Drawing Office)

Date of phone	Responsible Officer (Name & title)	Signature
/ / dd/mm/yy		

I acknowledge receipt of the map(s)/drawing(s)

Distribution of this form

Original : The Drawing Office
 Duplicate : The Accounts Section

 Name/Signature/ date

Notes

- A charge reflecting the cost of reproducing the records concerned may be levied. The Department will advise you in advance of any such charge. If you agree to continue the reproducing, a demand note will be issued to you. Please make payment within 14 days or your application will be terminated.
- Payment method

	<u>Estimated days for processing</u>
(a) By Bank Automated Teller Machine (ATM)	1 working day
(b) By Payment by Phone Service “PPS”– Merchant Code : 9174	3 working days
(c) Through Internet	3 working days
(d) By post	7 working days
(e) In Person at any Post Offices	1 working day
- You may be asked to provide additional information to help us meet your request. The Department may not be able to process your application if you do not provide sufficient information.
- Records produced by the Department are subject to copyright protection. Reproduction in any form or media in whole or in part of our records without prior permission from the Department is not allowed.
- The Department shall not be liable for any loss or damage of whatever nature caused to any parties as a result of their relying on the information shown in the record. The Department gives no warranty in respect of the accuracy or completeness of the records.