



### REQUESTING TDOT PHOTOLOG DATA FORM

Fill out request and mail to:  
GIS Mapping and Facilities Data Office  
505 Deaderick Street  
Suite 1000, James K. Polk Building  
Nashville, Tennessee 37243-0344

Or, YOU CAN EMAIL COMPLETED FORM TO: [Jeff.Murphy@tn.gov](mailto:Jeff.Murphy@tn.gov)

\* = Required Fields

\* Date Requested: \_\_\_\_\_ (Allow 4-6 weeks Delivery)

**NOTE: TDOT internal priorities can and will at times supersede all external requests. Staff will make the best effort possible to fulfill your request in a timely fashion but, no guaranteed delivery dates or times. All prices subject to change without notice.**

\* County/Counties Requested:

\_\_\_\_\_

\* Highway Name and Number (Only Interstate and State Route Photolog Data is available)

\_\_\_\_\_

Mile Post / Mile Point Start (if known): \_\_\_\_\_

Mile Post / Mile Point End (if known): \_\_\_\_\_

\* Direction of Travel or both directions?

\_\_\_\_\_

\* View of Photolog requested:  Front Only  Side Only  Front and Side

\* Year(s) you would like to have for request (Available from 1996 to present):

\_\_\_\_\_

\* Desired media:  CD (Approximately 600 MB of storage)  DVD (Approximately 4.5 GB of storage)  
 FTP Site (Must provide FTP site name, folder location, and password):

\_\_\_\_\_

\* Person(s) Requesting the Data?

\_\_\_\_\_

\* The Company, Individual or Agency you represent?

\_\_\_\_\_

\* What is the intended use of the requested photolog data (For Example: In support of TDOT project or other government agency project or for commercial use, etc...)?

\_\_\_\_\_

\* If TDOT project or other government agency project, list Project Manager Name, Phone Number, and Project Title:

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\* Is this TDOT photolog data to be used in a legal case in which TDOT is involved?  Yes  No  
If YES, provide Case Title and Case Number:

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Any Additional Information/Comments:

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Contact Information:

\* Name: \_\_\_\_\_

\* Mailing Address \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip \_\_\_\_\_

\* Phone Number (\_\_\_\_) \_\_\_\_\_ \* Fax: (\_\_\_\_) \_\_\_\_\_

\* Email: \_\_\_\_\_

FOR OFFICE USE ONLY

Date Order was received: \_\_\_\_\_

Date Order was delivered to Map Sales: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Person Responsible for furnishing the data: \_\_\_\_\_

Comments: \_\_\_\_\_

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