



REQUESTING TDOT TRIMS HIGHWAY DATA FORM

Filled 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: [email address]

* = 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.

* TRIMS Highway data (Select all that apply):

- checkbox Road System
checkbox Road Segment
checkbox Roadway Geometrics
checkbox Roadway Description
checkbox Route Features
checkbox Traffic

* Route Type (Select all that apply):

- checkbox Interstate: checkbox State Route: checkbox Functional: checkbox Local Road:

* Location:

- checkbox Statewide: checkbox Region(s) (1, 2, 3, or 4): _____ checkbox District(s) _____
checkbox Counties _____
checkbox City/Cities _____
checkbox MPO _____
checkbox RPO _____

* Data Output Format (Select one only): checkbox Excel with Headers checkbox Excel without Headers
checkbox Text with Headers checkbox Text without Headers checkbox Shape File

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

* Person(s) Requesting the Data and Title:

* The Company or Individual or Agency you represent?

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

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

* Is this TDOT highway data to be used in a legal case in which TDOT is involved?

Yes No

If YES, provide Case Title and Case Number:

Any Additional Information/Comments:

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: _____

