GROUND REFERENCE INFORMATION REQUEST FORM

Project: **Mission Number:**

Location:

Contact: Your Last Name First Name **Phone #:**

Today's Date: **Date Required:**

Check appropriate boxes and provide description of work requested. Attach map of study area if needed. Circle yes or no to identify proprietary data.

Sandmeier Field Goniometer Surveys

Proprietary:

Spectroradiometer Surveys

Proprietary:

Please Enter a Brief Description of the Task To Be Performed

GPS Surveys

Proprietary:

Radiosonde Launches

Proprietary:

Other Ground Support

Proprietary:

CRSP Form 010 (3/99)

ResetForm EmailForm