



City of Rochester Hills
Building Department
1000 Rochester Hills Dr.
Rochester Hills, MI 48309
(248) 656-4615 Phone
(248) 656-4623 Facsimile

REQUEST FOR INFORMATION

Date _____

Name of Requestor: _____

Address: _____

City/Zip: _____

Phone #: _____

INFORMATION REQUEST

Address: _____

Information requested (please list in detail):

Note: Copies are reference copies only and will not be printed to scale. Some copies are made by outside agencies; therefore, copy quality cannot be guaranteed. Requestor is responsible for any costs incurred regardless of copy quality, size or scale.

TO BE COMPLETED BY BUILDING DEPARTMENT

Cost: _____ Receipt Number _____

Date Completed: _____ Time Spent _____

Completed By: _____ (Box Recall \$44.00/Aperture Card Set-up Fee \$18 + \$5/card)

NOTES: Date Sent Out: _____ Date Received: _____