

TRANSMITTAL FORM



City of Rochester Hills
Building Department
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Rochester Hills, MI 48309
(248) 656-4615 Phone
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DATE: _____

TO: _____

FROM: _____

DAY PHONE: _____ **CELL PHONE:** _____

JOB ADDRESS: _____

TYPE OF SUBMITTAL:

Revisions As-Builts New Drawings Other

NOTES:
