TRANSMITTAL FORM

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

DATE: _____

TO: _____

FROM: _____

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

JOB ADDRESS: _____

TYPE OF SUBMITTAL:

☐ **Revisions** ☐ **As-Builts** ☐ **New Drawings** ☐ **Other**

NOTES:

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