

# CITY OF RIVER ROUGE

MICHIGAN  
10600 WEST JEFFERSON AVE.  
RIVER ROUGE, MI 48218

SUSAN P. JOSEPH  
CITY CLERK

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DATE: \_\_\_\_\_

## REQUEST FOR INFORMATION

TO BE COMPLETED BY REQUESTING PERSON:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

I REQUEST TO: (CHECK IF REQUESTING) \_\_\_\_\_ RECEIVE PHOTOCOPIES

\_\_\_\_\_ COPY OF CASSETTE TAPE

\_\_\_\_\_ NUMBER OF BLANK TAPES PROVIDED (IF ANY)

I REQUEST THE FOLLOWING SPECIFIC RECORDS OR INFORMATION:

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COST OF PHOTOCOPIES: .25 PER PAGE