



Agency Name: _____

Date: _____ Name of Requestor _____

Agency Name Used on Licensing Agreement: _____

Name/Phone or Contact Info or Requestor: _____

Will a Third Party (Vendor) be Using this data? ;

If so, provide names of other agencies: _____

Datasets Requested (please refer to listing as provided by the Macomb County Department of Planning & Economic Development): _____

(All datasets will be provided as ESRI shapefiles and will be registered to Michigan State Plan NAD83-International Feet_Michigan South Projection)

Preferred Date of Receipt: _____

Signature of Requestor: _____

(Requestor should match contact name as provided by the licensing agreement)

Please fax all requests to (586) 469-6787