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

02/04 gps, 11/05 gps