REQUEST	TING DEPARTN	IENT/DIVISION	FOR INCOME	ГАСТ	PHONE:
			ewal (Please submit 30 days prior to submitting bid or expiration date)		
To: A. Cit Inc Co 2 V De	: ty of Detroit come Tax Divis leman A. Youn Voodward Aven troit, MI 48226 one: (313)	ion g Municipal Center nue, Ste. 512	For: Individual or Company N Address City State	ame	Zip Code
		ncial Officer/Authoriz different from above)	ed Contact Person		
Emp	loyer Identifica	ation or Social Security	Number	Spouse Social Sect	urity Number
Natu	re of Contract			Labor: \$	
C. ALL	QUESTIONS	S MUST BE ANSWEI		Labor: \$ Contract # (if kno	Material: \$
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