



MONROE COUNTY  
**R O A D**  
COMMISSION

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840 S. Telegraph Road • Monroe, Michigan 48161 • Phone: (734) 240-5102 • Fax: (734) 240-5101

**REQUEST TO BE ADDED TO THE PLAN HOLDERS LIST**

**FOR**

**MINERAL WELL BRINE**

Company: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that to receive notice of changes, updates and addenda, I must be on the plan holders list. I hereby request to be placed on the plan holders list for this proposal.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The completed form must be signed and returned to the Monroe County Road Commission by email to [CHerron@mcrc-mi.org](mailto:CHerron@mcrc-mi.org) or by fax to 734-240-5101.