



**MACOMB COUNTY COMMUNITY MENTAL HEALTH
Living Wage Policy Exemption Request**

Applicant	Applicant Contact Person and Title
Address	Contact E-Mail Address
Telephone Number	Fax Number

Description of Services Provided by Contractor

Attachment A – Financial Information

Attachment B – Compliance Plan

Attachment C – Letter Authorizing Representative to Speak on Behalf of Contractor, If Applicable

As the legally responsible representative of the applicant, I affirm that the information provided in this request is true and accurate to the best of my information, knowledge and belief.

Signature	Title	Date
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Complete application must be submitted to the Business Management Division Director.