DEPARTMENTAL SUBMISSION

DEPARTMENT: Detroit Health

FILE NUMBER: Detroit Health-0003

*** RE:**
Submitting report related to: Wayne State University and Detroit Health Department Food Safety Inspection Agreement

*** SUMMARY:**
Wayne State University and Detroit Health Department Food Safety Inspection Agreement

*** RECOMMENDATION**:
We are requesting Council approval of the Wayne State University and Detroit Health Department Food Safety Inspection Agreement

*** DEPARTMENTAL CONTACT:**
Name: Andre Blair
Position: Director of Operations

***=REQUIRED**