

OWNER/MANAGEMENT CONTACT INFORMATION FORM

This form must be submitted as changes occur

Property Name: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone #: _____ County: _____

On Site Manager: _____ Email Address: _____

Property and Property Management Information

Is this a change in Property Management? Yes No Effective Date: _____

Property Management Company: _____

Address: _____ City/State: _____ Zip Code: _____

Contact Name: _____ E-mail address: _____

Telephone #: _____ Tax ID #: _____

Project Ownership Information

Is this a change in Ownership? Yes No Effective Date: _____

Project Partnership Name: _____

Managing General Partner Name: _____ Tax ID #: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone #: _____

Contact Name: _____ E-mail address: _____

Please list below up to three (3) contacts to receive WCDA correspondence. Include the name, phone number and email address. Or include any additional information or comments.

Date _____

