LEGAL COUNSEL & PROFESSIONAL REPRESENTATIVES INFORMATION

Legal Counsel:

Contact Person and Title: ____________________________
Address: ____________________________________________

City: ____________________________ State: _____ Zip Code: __________
Phone: ____________________________ Fax: ____________________________
E-mail: ____________________________
Responsibilities: ____________________________

Tax Advisor:

Contact Person and Title: ____________________________
Address: ____________________________________________

City: ____________________________ State: _____ Zip Code: __________
Phone: ____________________________ Fax: ____________________________
E-mail: ____________________________
Responsibilities: ____________________________

Accountant:

Contact Person and Title: ____________________________
Address: ____________________________________________

City: ____________________________ State: _____ Zip Code: __________
Phone: ____________________________ Fax: ____________________________
E-mail: ____________________________
Responsibilities: ____________________________

Is the accountant an Independent Certified Public Accountant? □ Yes □ No

Syndicator:

Contact Person and Title: ____________________________
Address: ____________________________________________

City: ____________________________ State: _____ Zip Code: __________
Phone: ____________________________ Fax: ____________________________
E-mail: ____________________________
Responsibilities: ____________________________

If the Project has more than one professional representative in a category, attach information on each.