

# LEGAL COUNSEL & PROFESSIONAL REPRESENTATIVES INFORMATION<sup>1</sup>

**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: \_\_\_\_\_

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<sup>1</sup>If the Project has more than one professional representative in a category, attach information on each.