

LEGAL COUNSEL & PROFESSIONAL REPRESENTATIVES INFORMATION¹

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: _____

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