

FORM 105
CONTACT INFORMATION
CHANGES IN OWNERSHIP OR MANAGEMENT FOR DEVELOPMENTS

NAME AND CITY OF PROPERTY: _____

PROJECT # : _____

TODAY'S DATE: _____

PERSON COMPLETING THIS FORM: _____

CHANGE IN OWNERSHIP

OLD OWNER	
NAME	
CITY, STATE	

NEW OWNER	
DATE OF CHANGE	
NAME (legal)	
ADDRESS	
CITY, STATE, ZIP	
CONTACT PERSON	
CONTACT PH#	
CONTACT EMAIL	
CONTACT FAX	
TAXPAYER ID#	
DUNS NUMBER	
BUSINESS DESIGNATION (LLC, CORP, etc.)	

CHANGE IN MANAGEMENT COMPANY

OLD MANAGEMENT COMPANY	
NAME	
CITY, STATE	

NEW MANAGEMENT COMPANY	
DATE OF CHANGE	
NAME (legal)	
ADDRESS	
CITY, STATE, ZIP	
CONTACT PERSON	
CONTACT PH#	
CONTACT EMAIL	
CONTACT FAX	
TAXPAYER ID#	
DUNS NUMBER	
BUSINESS DESIGNATION (LLC, CORP, etc.)	

IF *ONLY* CHANGING THE CONTACT PERSON OR ADDRESS

NEW CONTACT PERSON	
NEW ADDRESS	
CITY, STATE, ZIP	
EMAIL	
PHONE	

IF *ONLY* CHANGING THE CONTACT PERSON OR ADDRESS

NEW CONTACT PERSON	
NEW ADDRESS	
CITY, STATE, ZIP	
EMAIL	
PHONE	

FORM 105 - FOR OWNERS ONLY

NAME AND CITY OF PROPERTY: _____

PROJECT # : _____

List all general partners, members, and principals. Specify nonprofit, corporate, general partners, or members

Entity/Principal Name:		
First Name:	Last Name:	
Entity/Principal Function:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	Non-Profit Y/N:	
Tax ID:	Ownership Percentage:	
Entity/Principal Name:		
First Name:	Last Name:	
Entity/Principal Function:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	Non-Profit Y/N:	
Tax ID:	Ownership Percentage:	