

WASHINGTON SUBURBAN SANITARY COMMISSION
DEVELOPMENT SERVICES DIVISION

PROJECT NUMBER _____

CORPORATION/ENTITY INFORMATION FORM

PLEASE COMPLETE AND SUBMIT ONLY THE PAGE THAT APPLIES TO YOUR BUSINESS

CORPORATION

I hereby certify that _____ is a corporation organized under the laws of the State of _____. I further certify that this corporation is currently registered to do business in the State of Maryland and that the full name and address of the corporate officers are as follows:

PRESIDENT

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

VICE PRESIDENT

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

SECRETARY

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

TREASURER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

RESIDENT AGENT

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

I HEREBY AFFIRM under the penalties of perjury that the statements made above are true and accurate to the best of my knowledge, information and belief.

(Signature)

(Name)

(Title)

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GENERAL PARTNERSHIP

I hereby certify that _____ is a general partnership with its principal place of business in the State of _____. I further certify that the individual partners are as follows:

PARTNER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

PARTNER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

PARTNER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

PARTNER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

I HEREBY AFFIRM under the penalties of perjury that the statements made above are true and accurate to the best of my knowledge, information and belief.

(Signature)

(Name)

(Title)

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LIMITED PARTNERSHIP

I hereby certify that _____ is a limited partnership
with its principal place of business in the State of _____ . I further certify that the general partner is

_____, _____,
(Name) (Home Address)
_____, _____, _____.
(Phone) (Business Address) (Phone)

I HEREBY AFFIRM under the penalties of perjury that the statements made above are true and accurate to the best of my knowledge, information and belief.

(Signature)

(Name)

(Title)

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JOINT VENTURE

I hereby certify that _____ is a joint venture organized under the Laws of the State of _____. I further certify that the individual joint ventures are as follows:

JOINT VENTURER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

JOINT VENTURER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

I further certify that I have completed for each individual joint venturer the paragraph on this form for the appropriate type of business organization.

I HEREBY AFFIRM under the penalties of perjury that the statements made above are true and accurate to the best of my knowledge, information and belief.

(Signature)

(Name)

(Title)

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SOLE PROPRIETORSHIP

I hereby certify that _____ is a sole proprietorship
organized under the Laws of _____ . I further certify that the sole proprietor is

_____, _____,
(Name) (Home Address)

_____, _____.
(Phone) (Business Address) (Phone)

I HEREBY AFFIRM under the penalties of perjury that the statements made above are true and accurate to
the best of my knowledge, information and belief.

(Signature)

(Name)

(Title)

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CORPORATION/ENTITY INFORMATION FORM
LIMITED LIABILITY COMPANY

I hereby certify that _____ is a limited liability company organized under the laws of the State of _____. I further certify that this limited liability company is currently registered to do business in the State of Maryland and that the full name and address of the authorized person and members are as follows:

AUTHORIZED PERSON

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

MEMBER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

MEMBER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

MEMBER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

MEMBER

Name: _____
Address: _____
(B) _____
Phone: _____

Address: _____
(H) _____
Phone: _____

I HEREBY AFFIRM under the penalties of perjury that the statements made above are true and accurate to the best of my knowledge, information and belief.

(Signature)

(Name)

(Title)