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|  | **TAMPA INTERNATIONAL AIRPORT**  Company Contact Information | | | |
|  | | | | |
| Company’s Registered Name: | |  | |  |
|  | | | | |
| Please fill out the Company Contact Information Form in its entirety, including any fields you have previously provided to | | | | |
| Tampa International Airport. Once complete, please email to: | | | NRubin@tampaairport.com |  |

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **LOCAL EMERGENCY/STATION MANAGER CONTACT** | | | | | | | | | | | Primary Contact Name: | | | | | | | Title: | | | | Cell: | Office: | | | | Email: | | | | | | Local Address: | | | City: | | | | | State: | Zip: | | Mailing Address: | | | City: | | | | | State: | Zip: | | Secondary Contact Name: | | | | | | | | Title: | | | Cell: | Office: | | | | | Email: | | | | |  | | | | | | | | | | | **CORPORATE CONTACTS** | | | | | | | | | | | **AUTHORIZED REPRESENTATIVE FOR CONTRACT EXECUTION:** | | | | | | | | | | | Name: | | | | | | | Title: | | | | Mailing Address: | | City: | | | | | State: | | Zip: | | Country: | Phone: | | | Email: | | | | | | |  | | | | | | | | | | | **INSURANCE CONTACT:** | | | | | | | | | | | Name: | | | | | | | Title: | | | | Mailing Address: | | City: | | | | | State: | | Zip: | | Country: | Phone: | | | Email: | | | | | | |  | | | | | | | | | | | **LEGAL COUNSEL CONTACT:** | | | | | | | | | | | Primary Name: | | | | | | | Title: | | | | Firm Name: | | | | | | | | | | | Mailing Address: | | City: | | | | | State: | | Zip: | | Country: | Phone: | | | Email: | | | | | | |  | | | | | | | | | | | **ENVIRONMENT**AL **CONTACT:** | | | | | | | | | | | Name: | | | | | | | Title: | | | | Mailing Address: | | City: | | | | | State: | | Zip: | | Phone: | Email: | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **PROPERTIES/AIRPORT AFFAIRS CONTACT** | | | | | | | | Name: | | | | | Title: | | | Phone: | | Email: | | | | | | Mailing Address: | | | City: | | State: | Zip: | | Country: | | |  | | | | |  | | | | | | | |  | | | | | | | | **FINANCING/BILLING CONTACTS** | | | | | | | | **BILLING CONTACT:** | | | | | | | | Primary Contact Name: | | | | | Title: | | | Mailing Address: | | | City: | | State: | Zip: | | Country: | Phone: | | | Email: | | | | Secondary Contact Name: | | | | | Title: | | | Phone: | Email: | | | | | | |  | | | | | | | | Email Address for Electronic Invoices: | | | | | | | | NOTE: E-Invoices will be sent from RECEIVABLES@TAMPAAIRPORT.COM | | | | | | | |  | | | | | | | | **REPORTING FORMS TO BE COMPLETED BY:** | | | | | | | | Name: | | | | | Title: | | | Company Name: | | | | | | | | Mailing Address: | | | City: | | State: | Zip: | | Country: | Phone: | | | Email: | | | |  | | | | | | | | **TAX BILLS CONTACT:** | | | | | | | | Name: | | | | | Title: | | | Mailing Address: | | | City: | | State: | Zip: | | Country: | Phone: | | | Email: | | | |

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| **Form completed by the following Company representative:** | |  | | |
| Name: | Title: | Phone: | Email: | Date completed: |

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