|  |  |
| --- | --- |
|  | **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 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **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:      |

 |

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

0863RE-0219 v2.2