

PROWERS COUNTY PUBLIC HEALTH AND ENVIRONMENT

OWNER/CONTACT INFORMATION

BUSINESS INFORMATION (PLEASE PRINT)

DATE: _____

Name of Establishment: _____

Address: _____

City: _____ Zip code: _____ County: _____

Mailing Address: _____

City: _____ Zip code: _____

Phone: _____ FAX: _____

Email: _____

Web Site: _____

Name of Owner: _____

Phone: _____ Cell Phone: _____

FAX: _____

Address: _____

City: _____ Zip code: _____

Email _____

ACCOUNTS RECEIVABLE

Same As Business Location Same As Owner Contact

Attention To (Department or Person): _____

Address Line 1: _____

Address Line 2: _____

City: _____ Zip: _____ Country: _____

Contacts other than owner:

Contact 1: _____ Title/Relationship: _____

Phone: _____ Email: _____

Cell Phone _____ Address: _____

City: _____ Zip code: _____

OTHER INFORMATION

Days and times of operation: _____

Special Equipment: _____

Special Processes: _____