



OFFICE INFORMTATION

OWNER: _____ PHONE/EXT: _____
EMAIL ADDRESS: _____ FAX: _____

OFFICE MANAGER: _____ PHONE/EXT: _____
EMAIL ADDRESS: _____ FAX: _____

ACCOUNTS PAYABLE: _____ PHONE/EXT: _____
EMAIL ADDRESS: _____ FAX: _____

NAME: _____ TITLE: _____
PHONE/EXT: _____ EMAIL ADDRESS: _____

ADDITIONAL CONTACTS:
NAME: _____ TITLE: _____
PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____
PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____
PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____
PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____
PHONE/EXT: _____ EMAIL ADDRESS: _____

The above personnel have authority to discuss account information with the City of Royse City.
I understand it is my responsibility to update information as needed.

Print Name: _____

Signature: _____