

HOWARD COUNTY INFORMATION SHEET
MISCELLANEOUS ORGANIZATION

FORM E

THIS FORM IS NOT TO BE COMPLETED BY A CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY, OR SOLE PROPRIETORSHIP.

1. TYPE OF ORGANIZATION: _____
2. NAME OF ORGANIZATION: _____
3. OFFICE ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL) _____
FAX: _____ EMAIL: _____
4. MD STATE ASSESSMENT REGISTRATION NO. (Business License): _____
5. TAXPAYER IDENTIFICATION NUMBER: _____
6. TAX EXEMPT? YES _____ NO _____
7. NAMES AND ADDRESSES OF TRUSTEES, DIRECTORS, ETC. (THOSE EMPOWERED TO ACT ON BEHALF OF THE ORGANIZATION. ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____

If the authority to execute documents on behalf of the organization is not apparent in the Corporations and Associations Article of the Annotated Code of Maryland by virtue of the title an individual holds in an organization, written documentation of such authority must accompany the executed documents.

8. NAMES AND TITLES OF THOSE AUTHORIZED TO EXECUTE ON BEHALF OF THE ORGANIZATION:
NAME: _____ TITLE: _____
NAME: _____ TITLE: _____
NAME: _____ TITLE: _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)