

ENTERPRISE ZONE BUSINESS CONTACT

To help us provide you with better service, please include the person(s) who we would keep informed and contact. If the address is different, please note.

Name of Business: _____

President/Owner or Corporate Contact	Controller/Accts. Payable	Physical Zone Contact and Address (if different)
_____ Name	_____ Name	_____ Name
_____ Title	_____ Title	_____ Title
_____ Address	_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip
_____ Phone and Fax	_____ Phone and Fax	_____ Phone and Fax
_____ E-Mail	_____ E-Mail	_____ E-Mail

Please complete and return before May 15 to:

LaPorte Urban Enterprise Association, 801 Michigan Avenue, LaPorte, IN 46350