

### LESSOR IDENTITY DISCLOSURE

The following information must be filled out accurately and accompany your proposal

Date \_\_\_\_\_

**NAME OF LESSOR:** \_\_\_\_\_

**LESSOR FEDERAL I.D.#:** \_\_\_\_\_

Please indicate the legal status of your company and complete the appropriate section(s):

<input type="checkbox"/> Corporation or Limited Liability Co. <b>(Complete Section A)</b>	<input type="checkbox"/> Partnership or Limited Liability Partnership <b>(Complete Section B)</b>	<input type="checkbox"/> Sole Proprietor <b>(Complete Section C)</b>	<input type="checkbox"/> Authority <b>(Complete Section D)</b>	<input type="checkbox"/> Other <b>(Complete Section E)</b>
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**A. Corporation or Limited Liability Co. (LLC):** List all **authorized** officers of the corporation below and percent of stock. Attach additional sheets if needed. If a LLC, list members. Also list managers if Lessor is a manager managed LLC. **Note: Provide SS# of any officer or other person owning 30 percent or more of a corporation or LLC.**

Name: _____ Social Security #: _____ Title: President _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____	Name: _____ Social Security #: _____ Title: Vice President _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____
Name: _____ Social Security #: _____ Title: Secretary _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____	Name: _____ Social Security #: _____ Title: Treasurer _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____

**B. Partnership or Limited Liability Partnership (LLP):** List all general, limited or special partners. Indicate any managing partner. If general or managing partner is a corporation, please complete Section A. If a LLP, list partners.

Name: _____ EIN#/Social Security #: _____ Title: _____ (General, Limited, Special) Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____	Name: _____ EIN#/Social Security #: _____ Title: _____ (General, Limited, Special) Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____
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Name: _____ EIN#/Social Security #: _____ Title: _____ (General, Limited, Special) Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____	Name: _____ EIN#/Social Security #: _____ Title: _____ (General, Limited, Special) Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____
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**C. Sole Proprietor:** If the Lessor is a sole proprietor or co-owner doing business under any name or designation other than that of the individual owning the sole proprietorship or co-ownership, please list under Business Name.

Sole Proprietor: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

**D. Authority:** List Chairman and Secretary of Authority below:

Name: _____ EIN #: _____ Title: Chairman _____ Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____	Name: _____ EIN #: _____ Title: Secretary _____ Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____
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**E. Other:** If the Lessor is one of the following: Borough, City, Trust, or other Entity, list person(s).

Name: _____ EIN #: _____ Title: _____ Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____	Name: _____ EIN #: _____ Title: _____ Address: _____ _____ Phone No.: _____ Email: _____ Signature: _____
Name: _____ EIN #: _____ Title: _____	Name: _____ EIN #: _____ Title: _____

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_