

CITY OF FAIRFAX ADDRESS CONTACT INFORMATION FORM

Please Print

Property Address: _____

Type of Property: House Apartment Commercial

Owner or Renter Name(s): _____

Please Circle One

Owner or Renter Name(s): _____

Please Circle One

Business Name: _____

Owner or Landlord Name(s), Phone Number, and Address (if different than listed above):

Please Circle One

Primary Contact's Name and Telephone Number(s):

Primary Contact's Work Place and Work Phone Number:

Primary Contact's Email:

Secondary Contact's Name and Telephone Number(s):

Secondary Contact's Work Place and Work Phone Number:

Secondary Contact's Email:

Preferred Way to Make Contact: Day: _____ **Evening:** _____

Any Additional Information to Help with Making Contact: _____

If you need additional room, please feel free to put information on the back of the form or get another form from the City of Fairfax.