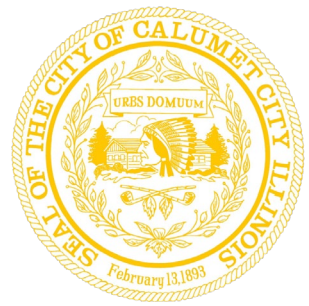


City of Calumet City
Business Contact Form
Office of the Mayor Thaddeus M. Jones



Date: _____ *Please Check One:* **Lease** _____ **Own:** _____

Business Name: _____

Business Address: _____ **Suite Number:** _____

Business Phone Number: _____

Business Email Address: _____

Business Website: _____

Nature of Business: _____

Number of Employees: **Full Time** _____ **Part Time** _____

Business Contact Name #1: _____

Contact #1 Title: _____

Contact #1 Email Address: _____

Contact #1 Mobile Phone: _____

Business Contact Name #2: _____

Contact #2 Title: _____

Contact #2 Email Address: _____

Contact #2 Mobile Phone: _____

COMMENTS: