



REQUEST FOR INFORMATION/ASSISTANCE

DATE: _____

Contact Information

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Business Information

- Check one:
 New/Start-Up Relocation of Existing Single Location Expansion/Additional Location
- If relocation or expansion, how many years has business been in operation? _____
Number of locations & cities where currently operating: _____

Number of current employees: _____
- Type of business (check one):
 Industrial/Manufacturing Warehouse/Distribution Commercial/Retail Service
 Other (describe) _____
- Projected number of employees at new location: _____
- Product(s): _____
- Do you have a business plan for this business start-up, relocation, or expansion? Yes No

Site/Facility Needs

- Site acreage: _____ Building square footage: _____
- Utilities and other amenities needs:

- Preference: Lease Own Will consider either
- Timeframe (when site/facility needed): _____