



LATECOMERS AGREEMENT NEW ASSIGN - CONTACT INFORMATION FORM

<u>INSTRUCTIONS</u> : Use this form assign rights and responsible Agreement to a new entity.	oilities of the beneficiary of an existing Latecomer
LATECOMER AGREEMENT #:	
CURRENT BENEFICIARY INFORMATION	
NAME COMPANY NAME	
ADDRESS	CITY STATE ZIP
E-MAIL	PHONE
I state that I am either the legal owner of the Latecomer Agreement referenced above or an authorized agent of the owner. I state that my intent is to relinquish my interest in the same Latecomer Agreement and assign all rights and responsibilities to a new beneficiary named below.	
OWNER'S SIGNATURE	DATE
COMPANY NAME	DATE
COMI ANT NAME	DAIL
NEW BENEFICIARY INFORMATION	☐ Completed W9 attached
NAME COMPANY NAME	
ADDRESS	CITY STATE ZIP
E-MAIL	PHONE
I/We state that we are either the recipient of the legal own an authorized agent of the owner. I/We state that we under that we must update the City's records of our contact information contract.	ership of the Latecomer Agreement described above or erstand the terms of the contract we are inheriting, and
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