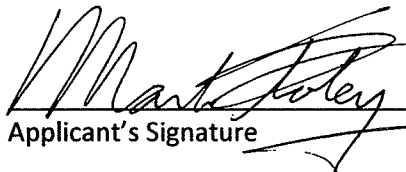


17 Orchard St - Window Replacement
 A-5 - Contact Information

CONTACT INFORMATION:

| | |
|--|---|
| <p>Applicant – must be owner, Lessee or Buyer</p> <p>Name: <i>Lois Reckitt, Executive Director</i></p> <p>Business Name, if applicable: <i>Family Crisis Services</i></p> <p>Address: <i>14 Orchard St</i></p> <p>City/State: <i>Portland, Maine</i> Zip Code: <i>04102</i></p> | <p>Applicant Contact Information</p> <p>Work # <i>767-4952</i></p> <p>Home# <i>712-2474</i></p> <p>Cell # <i>712-2474</i> Fax# <i>767-8109</i></p> <p>e-mail: <i>Lois_R@familycrisis.org</i></p> |
| <p>Owner – (if different from Applicant)</p> <p>Name:</p> <p>Address:</p> <p>City/State : Zip Code:</p> | <p>Owner Contact Information</p> <p>Work #</p> <p>Home#</p> <p>Cell # Fax#</p> <p>e-mail:</p> |
| <p>Billing Information</p> <p>Name: <i>Family Crisis Services</i></p> <p>Address: <i>P.O. Box 764</i></p> <p>City/State: <i>Portland, Maine</i> Zip Code: <i>04104</i></p> | <p>Billing Contact Information</p> <p>Work # <i>767-4952</i></p> <p>Cell # <i>712-2474</i> Fax# <i>767-8109</i></p> <p>e-mail: <i>Lois_R@familycrisis.org</i></p> |
| <p>Architect</p> <p>Name:</p> <p>Address:</p> <p>City/State : Zip Code:</p> | <p>Architect Contact information</p> <p>Work #</p> <p>Home#</p> <p>Cell # Fax#</p> <p>e-mail:</p> |
| <p>Contractor</p> <p>Name: <i>Mark Foley</i></p> <p>Address: <i>148 Breakwater Dr. #219</i></p> <p>City/State : Zip Code: <i>04106</i> <i>South Portland, Maine</i></p> | <p>Contractor Contact Information</p> <p>Work # <i>650-8527</i></p> <p>Home# <i>650-8527</i></p> <p>Cell # <i>650-8527</i> Fax# <i>767-1904</i></p> <p>e-mail: <i>49foley.m@gmail.com</i></p> |


 Applicant's Signature


 Owner's Signature (if different)