

**PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU PLAN TO HAVE YOUR  
MANAGEMENT COMPANY COMPLETE THE DATA COLLECTION INFORMATION**

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Sponsor/Owner Name:** \_\_\_\_\_

**Sponsor/Owner Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Sponsor/Owner Contact Person:** \_\_\_\_\_

**Email address:**

**Management Company Name:** \_\_\_\_\_

**Management Company Address (main office location):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Management Company Contact Person\*:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit electronically to: [dhcddatacollection@mass.gov](mailto:dhcddatacollection@mass.gov)**

**\*The contact person for the management company should be the senior person within the organization who will be responsible for assigning staff within the company to complete the data collection.**