



**CITY OF CAMBRIDGE
CROSS CONNECTION**

CONTACT INFORMATION SHEET

Facility Information	
Facility Name	
Facility Address	
Facility Contact Information	
Designated Contact Person	
Contact Type (Please Circle)	Owner Building Manager Tenant Contractor
Address	
City, Prov. P.C.	
Phone No.	
Fax No.	
Email Address	

This form is required in order to ensure clear communication between the City and designated person. It will also be used to create an email database for future communication.