



Ownership Schedule
Partners and Principals Form

Name of Entity: _____
Property Address: _____

Principal, Partner, Corporate Officer, LLC Manager or the Equivalent Thereof

First & Last Name: _____ Social Security Number: _____ Home Address: Street: _____	Home Telephone: _____ Percentage of ownership to the above entity: _____% City, State, and Zip Code _____
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First & Last Name: _____	Home Telephone: _____
Social Security Number: _____	Percentage of ownership to the above entity: _____ %
Home Address: Street: _____	City, State, and Zip Code _____

First & Last Name: _____	Home Telephone: _____
Social Security Number: _____	Percentage of ownership to the above entity: _____ %
Home Address: Street: _____	City, State, and Zip Code _____

I HEREBY CERTIFY THAT THE ABOVE IS A COMPLETE LIST OF ALL PARTNERS, PRINCIPALS, CORPORATE OFFICERS, LLC MANAGERS OR INDIVIDUALS WHO ARE THE EQUIVALENT OF THE FOREGOING AND THE INFORMATION INDICATED IS TRUE AND CORRECT.

SIGNATURE: _____

TITLE: _____

DATE: _____