

Please submit completed form to PHB at <u>assetmanagement@portlandoregon.gov</u>

		Date of Nequest.
PROJE	CT INFORMATION	
Projec	t Name:	
Projec	t Address(es):	
REMO	<b>VE -</b> To remove contacts, please list	t their name(s) and the effective date of the removal.
1.	NAME:	Effective Date:
2.	NAME:	Effective Date:
3.	NAME:	Effective Date:
ADD -	To Add contacts, please list the nar	me, email address, phone number, organization, and effective date of change.
1.	NAME:	Effective Date:
	Organization Type:	Company Name:
	Email Address:	Phone:
2.	NAME:	Effective Date:
	Organization Type:	Company Name:
	Email Address:	Phone:
CHAN	<b>GE</b> – To change contact details for a	an existing contact, please detail changes here.
NAME	:	Change Type:
Updat	ed Email/Phone or other:	
BILLIN	G CONTACT – Does the project hav	re an outstanding PHB loan balance? Yes \( \square\) No \( \square\)
If yes,	provide the PHB loan number and	accounts payable contact information below.
Loan N	Number(s):	Contact Name:
Email:		Phone #: