



OFFICIAL CONTACT

Coastal Mississippi requests that the proposer designates one person to receive all communications for clarification and verification of information related to this proposal.

Please identify that person below.

RFP: _____
RFP name as it appears on RFP

PROPOSER/COMPANY: _____

CONTACT PERSON: _____

TITLE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____