| Property Management Info: Individual Name:  Company Name:  Address: |                          |                       |                                    |   |                 | BL #(for office use only) |
|---|--------------------------|-----------------------|------------------------------------|---|-----------------|---------------------------|
| Contact Nu  | mber:                    | ()                    |                                    | icensing & Cashiering<br>2935 office / 310-978-9858 fax |                 |                           |
| (make additiona   | al copies of<br>E TO PRO | f form, if necessary) | nation for your property located a |   |                 |                           |
| Address #   | Unit                     | Type of Business      | Tenant(s) Name &                   | Business Name   | Mailing Address | Email Address             |
|   | #                        |                       | Contact Telephone #                |   |                 |                           |
|   |                          |                       |                                    |   |                 |                           |
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