

Notice of General Partner/ Management Change

Please indicate type of change and attach supporting documentation.

Partnership Management Effective date of Change: _____

Development Number:	_____
Development Name:	_____
Development Address:	_____

Old Information

Organization Name:	_____
Tax I.D. Number:	_____
Address:	_____

Contact Person:	_____
Telephone Number:	_____ Fax Number: _____
Email Address:	_____

New Information

Organization Name:	_____
Tax I.D. Number:	_____
Address:	_____

Contact Person:	_____
Telephone Number:	_____ Fax Number: _____
Email Address:	_____

