



# SAN JUAN COUNTY ECONOMIC DEVELOPMENT & VISITOR SERVICES

## 2019 CO-OP PROGRAM CO-APPLICANT FORM

Name of co-applicant organization: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Point of contact email: \_\_\_\_\_

Point of contact phone number: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Project Name: \_\_\_\_\_

*I hereby certify that the facts, figures, and representation made in this application, including all attachments; are true and correct to the best of my knowledge.*

Co-Applicant:  
\_\_\_\_\_

Signature

Printed Name

Title

Date

