TOWN OF LEESBURG
FINANCE DEPARTMENT

**PARTNERSHIP ATTACHMENT**

Business Name: _____

In the space provided below, please furnish complete list of all partners. Indicate which partner is the general partner:

Name/Social Security Number: _____

Telephone Number: Home _____ Business _____

Home Address: _____

_____

Name/Social Security Number: _____

Telephone Number: Home _____ Business _____

Home Address: _____

_____

Attach a copy of the firm's notarized partnership agreement, if available.

Signature: _____
General Partner