Certificate of Need Program

CONTACT PERSON CORRECTION

Date

Is the "Contact Person" information below correct? ☐ Yes ☐ No *(correct below)*

Project Name	Project Number

Contact Person *(Name/Association)*	Title

Address *(Street/City/State/Zip Code)*

Telephone Number	Fax Number	E-mail Address

INSTRUCTIONS TO THE APPLICANT:

- According to recent information in the Certificate of Need Records, the individual listed above is the "Contact Person " for this project who will be the primary representative responsible for all monitoring and reporting related to this project.
- If this information is correct, check "Yes" in the box above.
- If this information IS NOT correct, check "No" in the box above, and enter the correct information in the appropriate spaces provided below.
- **In either case, the applicant must sign at the bottom of this form to certify that this response is true and accurate as of the date posted above**.

Please type or print legibly corrected "Contact Person" information below:

Contact Person *(Name)*	Title

Address *(Street/City/State/Zip Code)*

Telephone Number	Fax Number	E-mail Address

Applicant *(Print or Type Name)*

Applicant *(Signature)*	Date

MO 580-1870 (08/06)