

Electronic Filing Company Contact Worksheet

Month / Date / Year: _____

Operator P-5 Number: _____

Operator Name: _____

Name of Agent on MEFC: _____

Form(s): _____

Efile User ID: _____ (6-8 characters, letters & numbers only)

Email Address: _____

By providing your email address, you agree to have the error and status reports sent to you by email and not postal mail.

Primary Contact (Business)

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Data Processing Contact (Technical)

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____