

**Business Assistance Task Force
Resource Identification Form**

Organization: _____

Contact Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

Public or Private Resource: _____ Is there a cost for your service: Y or N

Services Provided: _____

Other Potential Resources: _____

Other Comments: _____

Please return this form to The Billerica Community Alliance:

By Fax:
978-667-4174

By Mail:
12 Andover Rd Suite 1
Billerica MA 01821