

Billerica Business Assistance Task Force Support Request

Date of Submission: _____

Contact Name: _____ Title: _____

Company: _____

Address: _____

Phone #: _____ Fax#: _____

Email: _____ Website: _____

Best time to call: _____

Area(s) of concern:

Financial **Labor** **Insurance** **Taxes** **Permits**

Local Resources **Legal** **Other** _____

Provide summary of the areas of concern (more detail will be requested at the time of contact): _____

Please describe whatever remedies you have already tried: _____

How would you like to see your concerns resolved? _____

PLEASE RETURN TO: The Billerica Community Alliance

By fax: 978-667-4174

By mail: 12 Andover Rd Billerica MA 01821