



MISSISSIPPI WIRELESS COMMUNICATION COMMISSION
MSWIN
AGENCY CONTACT INFORMATION

ENTITY NAME _____

ADDRESS _____

For Technical Communications:

PRIMARY LIAISON NAME: _____

OFFICE NO.: _____ MOBILE NO.: _____

FAX NO.: _____

PRIMARY EMAIL: _____

ALTERNATE EMAIL: _____

SECONDARY LIAISON NAME: _____

OFFICE NO.: _____ MOBILE NO.: _____

FAX NO.: _____

PRIMARY EMAIL: _____

ALTERNATE EMAIL: _____

Signature _____ Date _____

The primary email address for both the Primary and Secondary Liaison will be added to the MSWIN User Distribution list. It is the responsibility of the Entity to ensure the accuracy and completeness of your Contact Data and update the Contact Data as required to keep it current.