

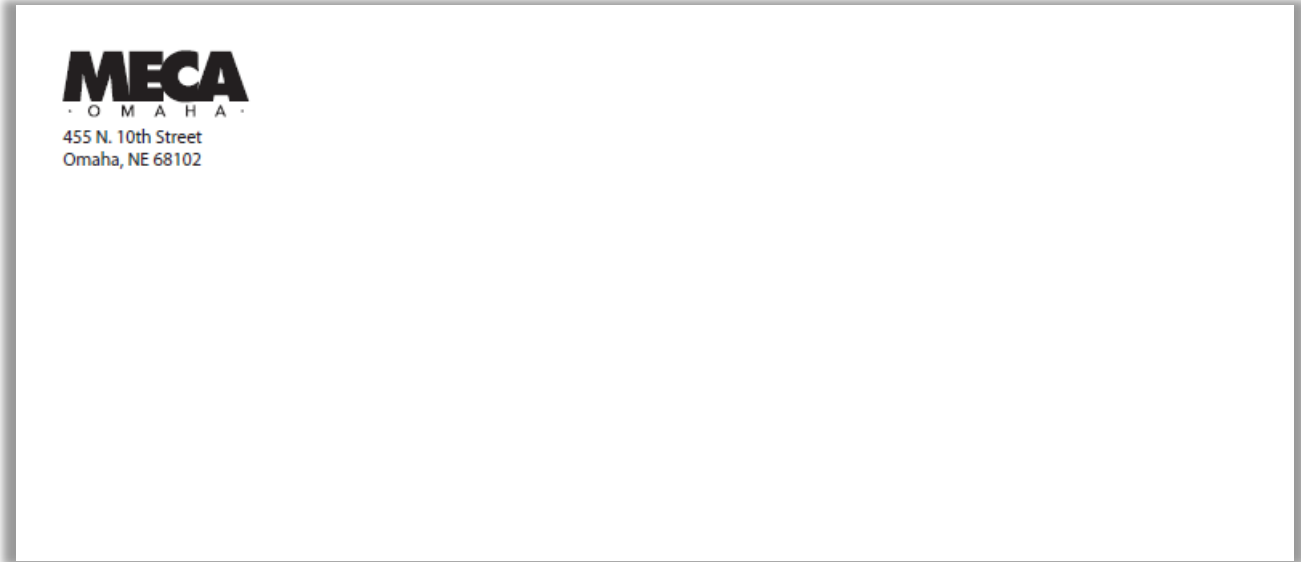
Sample Layouts of Stationery Items

1. Business Cards

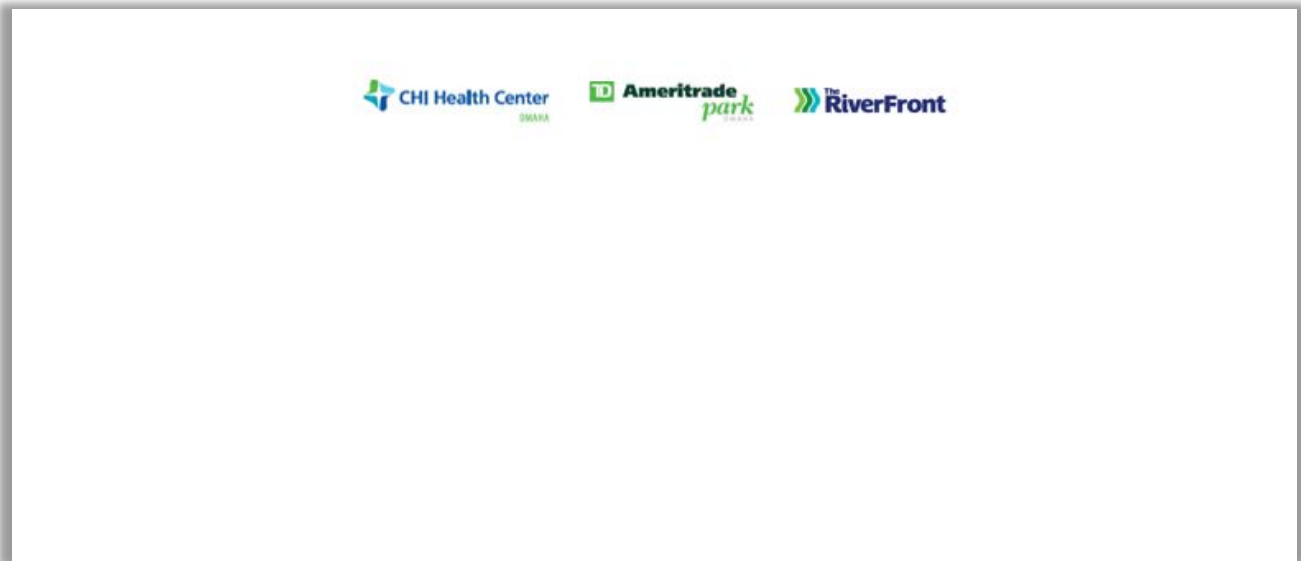


2. No. 10 Envelopes (x2) AND
3. No. 10 Window Envelopes (x2)

Front:



Back Flap:



Front:

**MECA**

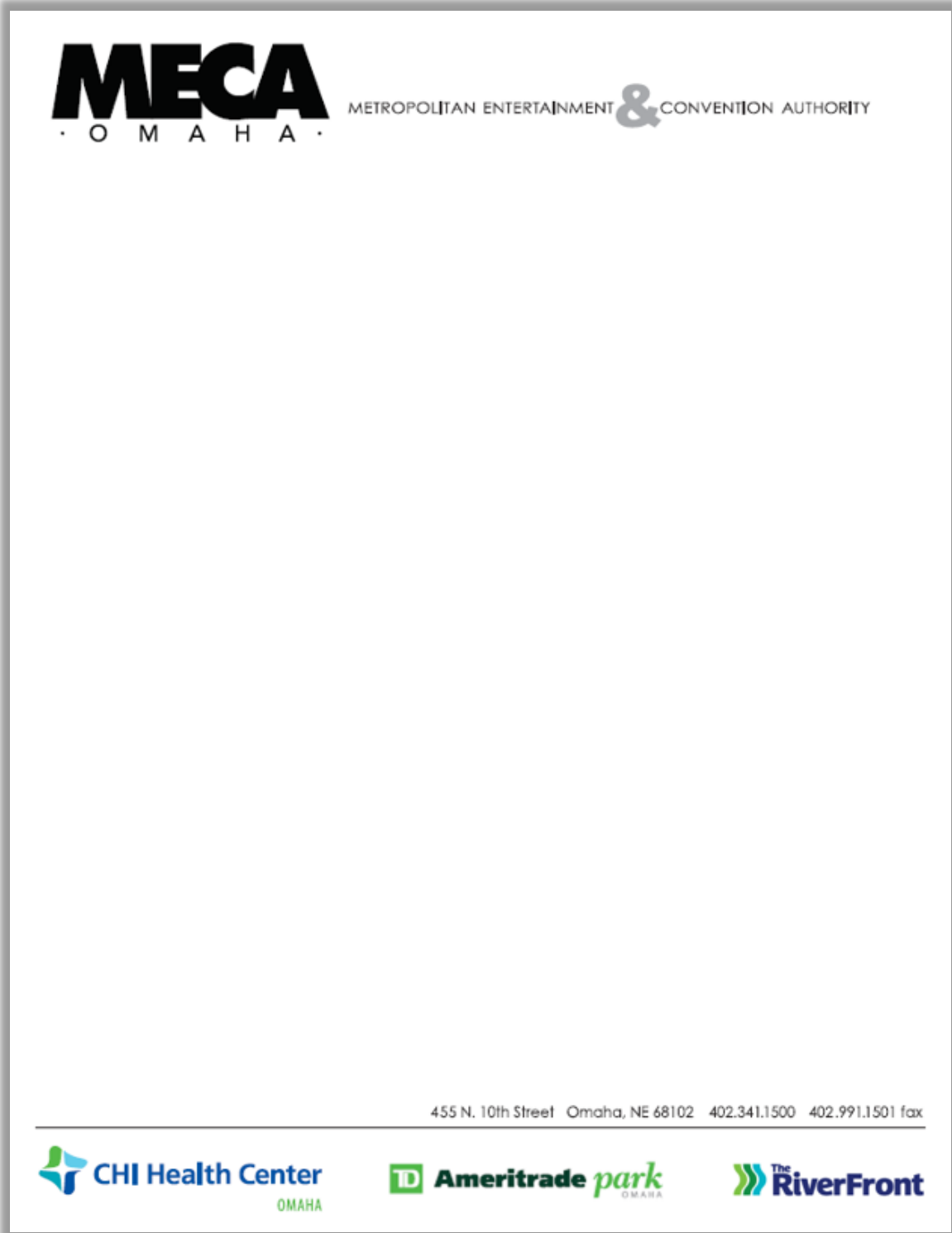
· Tri-Park Complex, LLC ·

900 Farnam St., Ste. 100  
Omaha, NE 68102

Back Flap:

The RiverFront

4. Letterhead (x2)



**MECA**

Gene Leahy Mall • Heartland of America Park • Lewis and Clark Landing

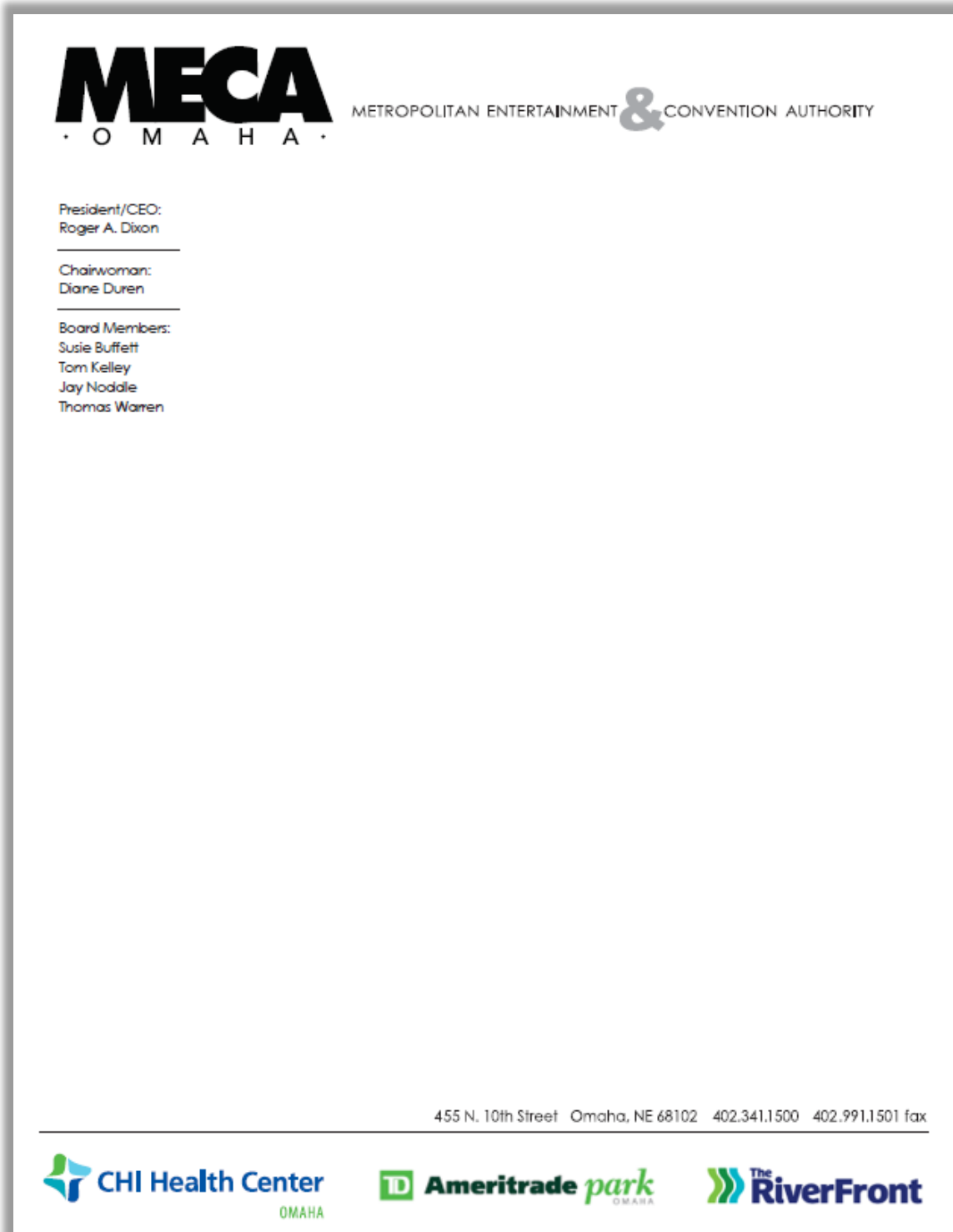
• Tri-Park Complex, LLC •

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900 Farnam Street, Suite 100 Omaha, NE 68102 402.341.1500



5. Letterhead with Board Member Names



6. Blank Letterhead (no printing, just the paper)  
\*\*no image required

7. Note Cards (x2)

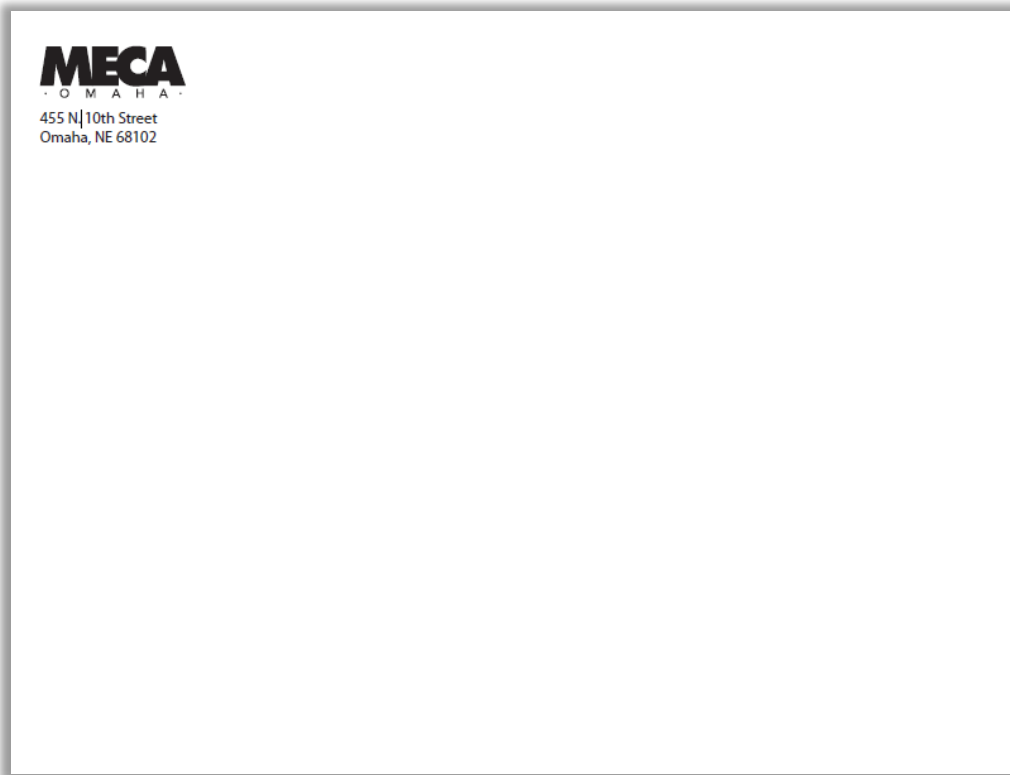


**MECA**  
• O M A H A •

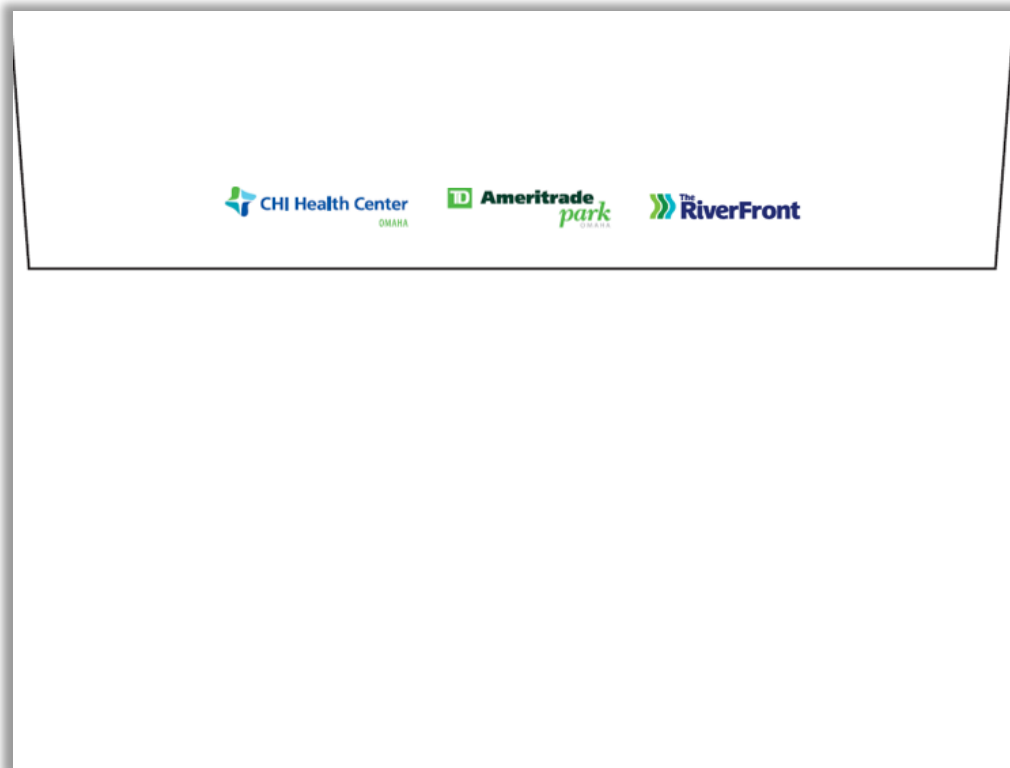


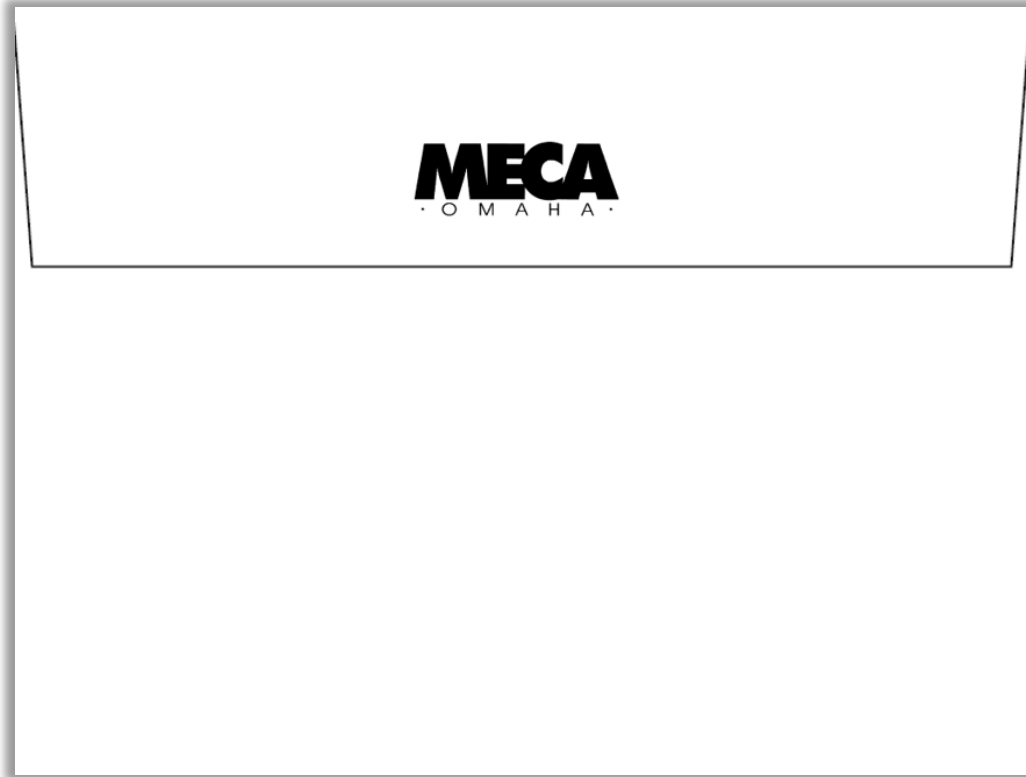
8. Note Card Envelopes

Front:



Back Flap (x2):





9. Comment Cards

**COMMENT CARD**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ EVENT/VENUE: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Phone: 402.341.1500 Email: info@omahameca.com



10. Incident Cards

Front:

<b>INCIDENT REPORT CARD</b>	<b>SUPERVISOR:</b> _____		
DATE: _____	TIME: _____	EVENT/VENUE: _____	Ticket: _____
<b>DATA #1:</b>			
NAME: _____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
PHONE NUMBER:(____) _____			
DL NUMBER: _____		DATE OF BIRTH: _____	
<b>DATA #2:</b>			
NAME: _____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
PHONE NUMBER:(____) _____			
DL NUMBER: _____		DATE OF BIRTH: _____	

Back:

**LOCATION OF INCIDENT:** \_\_\_\_\_  
**NARRATIVE DESCRIPTION OF THE INCIDENT/PROBLEM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:**  
NAME / PHONE NUMBER: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**EMPLOYEES INVOLVED:**  
NAME: 1) \_\_\_\_\_ 2) \_\_\_\_\_

