



Vendor Request Form

Vendor Name: _____

Address: _____

Street

Billing Address if different

Name: _____

Address: _____

Street

W-9 attached ___ Yes or ___ No

Vendor Phone Number: ___ - ___ - ___

Reason for this Vendor:

Requestor Signature

Signature

Date

Please fill out the form and send to the City Administrator

City Administrator Signature

For Treasurer Use Only

Vendor Number: _____

Tax ID Number: _____

Date Added: _____

Treasurer Signature

Date