



Vendor Registration Form



New Vendor

Change of Information

Business Name: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Federal Employee Identification Number (FEIN): _____

Check appropriate box:

Individual/Sole Proprietor

Partnership

Corporation

Check classifications that apply:

Minority Owned Business

Woman Owned Business

Products and/or Services Provided (please be specific): _____

Signature

Date

**The inclusion of a firm or individual on the list shall not constitute prequalification for bidding or release in any fashion on the firm or individual from meeting any and all requirements set out in a particular bid, contract, quotation or proposal.

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