

# Rock Island County

1504 3rd Avenue  
Rock Island IL 61201

## Company Contact Request

*Please return along with your completed W-9*

New Vendor

Existing Vendor

Vendor Name \_\_\_\_\_

Contact Information:

1. Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_ EXT \_\_\_\_\_

E-Mail \_\_\_\_\_

2. Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_ EXT \_\_\_\_\_

E-Mail \_\_\_\_\_

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In accordance with Public Act 102-0265 we are required as of January 1, 2023 to obtain the following:"

How are you certifying?

Certificates Attached

Self-Certifying

### DIVERSITY INFORMATION OR OTHER BUSINESS CLASSIFICATION

Please check all that apply to the ownership of your business: (Must be at least 51% owned)

Minority-Owned

Veteran-Owned

Women-Owned

Business owned by a  
person with a disability

Small Business

N/A

Under penalties of perjury, I certify that the information provided on this form is complete and accurate. Please sign this form, date, and send with certificates of ownership and completed W-9 as applicable, to Rock Island County, 1504 3rd Avenue, Rock Island IL 61201

Signature: \_\_\_\_\_ Date: \_\_\_\_\_