



## 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:** \_\_\_\_\_