

	<p>VENDOR REQUEST FORM CITY OF OKEECHOBEE 55 SE THIRD AVENUE OKEECHOBEE, FL 34974</p> <p>Tele: 863-763-9821 Fax: 863-763-1686 e-mail: jdunham@cityofokeechobee.com</p>	<p>Status Information Ref. Sec. 2-290 Local Vendor Preference</p> <p>Local Business _____</p> <p>Other _____</p> <p>Revised 3/20/17</p>
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Sec. 2-282 Definitions: Local Business is a business located within the City/ County of Okeechobee

VENDOR CONTACT INFORMATION:	
Vendor Name:	
Street Address:	
PO Box:	
City / State:	
Zip Code:	
COMMODITY/SERVICE PROVIDED: (please list)	
e-mail address:	
Tax Id Number:	
Tele. Number:	
Fax Number:	

This form MUST **BE ACCOMPANIED WITH A W-9** if this is a new vendor setup.