

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

<b>VENDOR CONTACT INFORMATION:</b>	
Company Name:	
Street Address:	
PO Box:	
City / State / Zip Code	
<b>COMMODITY/SERVICE PROVIDED:</b> (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.