CITY OF ROCKFORD, ILLINOIS

425 EAST STATE STREET
61104

LAWRENCE J. MORRISSEY
MAYOR

ANDRES SAMMUL
FINANCE DIRECTOR

Contractor/Vendor Information Form

Name of Company _____

Street Address _____

City _____ **State** ____ **Zip Code** _____ **Phone Number** _____

Email Address _____ **Fax Number** _____

Contact Name _____

Work Performed/Product Supplied _____

Business Ownership
Please check the status of your company:

Female Business Enterprise (FBE) Yes_____ No_____

Small Business Enterprise (SBE) Yes_____ No_____

Minority Business Enterprise (MBE) Yes_____ No_____

If yes, check the following boxes that apply:

Black/African American_____ Hispanic_____
Native American or Alaskan Native_____Asian American_____

Total Annual Sales: $_____

Type of Organization:

Individual_____ Partnership_____ Corporation_____ Other_____

Note: If you have checked the Minority Business Enterprise or Women Business Enterprise status and your status is certified by the State of Illinois (CMS), Illinois Department of Transportation (IDOT), or other government entity, please return proof of such certification to the City with this form.

Please Return Via Mail: Fax: (815) 987-5562 Email: sue.dewitt@ci.rockford.il.us
City of Rockford
Central Services Division
425 East State Street
Rockford, IL 61104