

## **Vermilion County Vendor Contact Request**

New Vendor	Existing Vendor
Vendor Contact Information	
1. Business Name	
Contact Name	
Phone Number	Ext
E-Mail	
In accordance with Public Act 102-026. How are you certifying?	5 we are required to obtain the following:
Certificates Attached	☐ Self-Certifying
DIVERSITY INFORMATION OR (	OTHER BUSINESS CLASSIFICATION
Please check all that apply to the owne	rship of your business: (Must be at least 51 % owned)
Minority – Owned	Veteran-Owned
Women-Owned	Business owned by a person with a disability
	□ N/A
	ion provide on this form is complete and accurate. Please sign ip to the Vermilion County Auditor's Office by mail or email
Vermilion County Auditor's Office 201 N. Vermilion – 2 <sup>nd</sup> Floor Danville, IL 61832	Auditor@vercounty.org
Signature	Date