



CITY OF EAST LANSING

The Home of Michigan State University

Please complete the information below and return by email, mail or fax (include your W-9)

By Email: mdoten@cityofeastlansing.com
 By Mail: City of East Lansing, Purchasing, 410 Abbot Road,
 East Lansing, MI 48823
 By Fax: (517) 337-2156

City Contact Person/Dept: _____

Vendor Name: _____

Physical Address Required: _____

No PO Box _____

Contact Person: _____

Email Address: _____

Phone: _____

Fax: _____

Remittance Address: _____

Tax ID: _____

Or SSN: _____

410 Abbot Road
 East Lansing, MI 48823
 (517) 337-1731
 Fax (517) 337-1559
www.cityofeastlansing.com

The Company would like to acquire status of:

Registered Local Vendor Registered Regional Vendor

1099 Status: Exempt Non-Exempt

Federal Tax Classification (Please see IRS Form W-9 General Instructions and check one):

Individual/Sole Proprietor or Single-member LLC

C Corporation S Corporation

Partnership Trust/Estate

Limited Liability Company: LLC C Corp LLC S Corp LLC Partnership

Other: _____

Additional Information:

Government Non-Profit Medical Corp

Rentals Services Supplier Attorney

I should receive a 1099 at the end of the year: Yes No

Vendor is Minority Owned: Yes No

If yes, please indicate: Hispanic Women Owned Asian
 African American Other _____

Vendor is a Small Business: Yes No

Vendor Offers Equal Benefits to Employees:

Vendor offers benefits to employees Yes No

If yes, please indicate if Vendor offers (or would offer) benefits to domestic partners
 Yes No