

**METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY, TENNESSEE
SHORT VENDOR APPLICATION**

*METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS
700 2nd Avenue South Suite 310
PO Box 196301
NASHVILLE, TENNESSEE 37219-6301
FAX: (615) 880-1727*

Department: **METRO WATER SERVICES**

Contact Name: **MWS.DS@NASHVILLE.GOV** Shawna Rodriguez

Phone: **615-862-7225** 615.862.7170

Date: _____

New _____ If Change to existing Supplier, list # _____

DESCRIPTION OF TRANSACTION: DEVELOPMENT SERVICES CUSTOMER REFUND REQUEST

CUSTOMER'S ADDITIONAL DETAILS:

(ADDRESS OF PROPERTY / EXPLANATION)

Is applicant providing goods or services? **NO**

Will applicant be paid more than once? **YES**

APPLICANT CONTACT INFORMATION (REFUND WILL ONLY BE ISSUED TO ORIGINAL PURCHASER)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

PHONE _____ - _____ - _____ FAX _____ - _____ - _____

COUNTY _____ E-MAIL ADDRESS _____

W9 TAX INFORMATION (Complete or attach hand signed W9*)

LEGAL NAME ON TAX RETURN FOR IRS _____

TYPE OF TAXPAYER (Select one code and fill in ID # information) Please also fill out and complete highlighted portion

- | | | | |
|--------------------------|--|-------------------------|------------|
| <input type="checkbox"/> | Individual or Sole Proprietor | Social Security # _____ | |
| <input type="checkbox"/> | Non Corporation | Federal Tax Id # _____ | |
| <input type="checkbox"/> | Corporation (except Medical/Legal) | Federal Tax Id # _____ | |
| <input type="checkbox"/> | S Corporation (except Medical/Legal) | Federal Tax Id # _____ | |
| <input type="checkbox"/> | Partnership or Medical/Legal Corporation | Federal Tax Id # _____ | |
| <input type="checkbox"/> | Trust/Estate | Social Security # _____ | |
| <input type="checkbox"/> | Limited Liability Company | Federal Tax Id # _____ | Type _____ |
| <input type="checkbox"/> | Other _____ | Federal Tax Id # _____ | |

Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty.

APPLICANTS SIGNATURE: _____

DATE: _____