

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**

Attn: Shawna Rodriguez

Phone: **(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)**

- | | |
|---|-----------------------------------|
| <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: _____