



CITY OF WESTFIELD

Dept making request: **REFUND FORM**

Parks and Recreation Department

VENDOR ADDITION REQUEST

City of Westfield
 Purchasing Department
 59 Court Street
 Westfield MA 01085

(413) 572-6254
 (413) 572-1708 Fax

Please print or type all responses in black or blue ink

A sample invoice must accompany this form. A completed W9 must accompany this form

VENDOR NUMBER (City use only)

NAME
 (as it would appear on check) _____

D/B/A _____

ADDRESS LINE 1 _____
ADDRESS LINE 2 _____

CITY, STATE, ZIP _____

MAIN TELEPHONE NUMBER _____

MAIN CONTACT NAME
 (if applicable) _____

FAX NUMBER _____

Social Security Number _____ - _____ - _____

CORPORATION (circle one) YES NO

VENDOR TYPE (check one)

<input type="checkbox"/> Architectural Services	<input type="checkbox"/> Insurance Services	<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Boiler services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Security Services
<input type="checkbox"/> Construction Services	<input type="checkbox"/> Medical Services	
<input type="checkbox"/> Copy Machine Services	<input type="checkbox"/> Plumbing	Other: Program Refund
<input type="checkbox"/> Electrical	<input type="checkbox"/> Printing Services	_____
<input type="checkbox"/> HVAC	<input type="checkbox"/> Publishing	_____

MA STATE AWARD CONTRACTOR (circle one) YES NO

CONTRACT NO. & YEAR APPLICABLE _____

APPLICABLE LICENSES OR CERTIFICATIONS (electrical, plumbing, HVAC, SOMWBA, etc)
 Attach copy of any licenses or certifications

CITY USE ONLY
 Alpha Sort order _____ 1099 Default Int Misc Ret Sale

Geographic	Wfld	Loc	In	Out	Status	Act	Temp	Stop	Inact	Payroll Emp #	
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