



Please place a check mark next to the appropriate information below:

**TYPE OF BUSINESS:**

_____ Individual	_____ Corporation providing health care/medical serv.
_____ Sole Proprietor	_____ Tax Exempt Organization
_____ Partnership	_____ Government Agency
_____ Estate	_____ Other: Please specify below
_____ Trust	_____ Corporation

<p>Would you like for your check to be directly deposited into your account?          YES, Please enroll us in ACH payment          Attached is my enrollment form</p>		<p>NO, We do not wish to use the ACH payment          method at this time.</p>
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Type or Print Clearly:

<b>Business Address:</b>		<b>Remittance Address:</b>
Business Name:		<input type="checkbox"/> Same as Business Address or list below
Address		
City/State		
Zip		
Telephone No:		
Fax No:		
TIN		
Social Security No:		
Contact:		
<p>The City of Sarasota collects your social security number for tax reporting purposes</p>		

Please return to:

**City of Sarasota**  
**Attn: Denise Donohue**  
 1565 First Street Room 205  
 Sarasota, Florida 34236  
 Voice (941) 954-4151

**Fax: (941) 954-4157 or E-mail: Denise.Donohue@sarasotagov.com**

For Issuing Department \_\_\_\_\_

Attention: \_\_\_\_\_

(City of Sarasota)

(City Employee to be notified)