



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?</p> <p> <input type="checkbox"/> YES, Please enroll us in ACH payment            Attached is my enrollment form         </p>		<p> <input type="checkbox"/> NO, We do not wish to use the ACH payment            method at this time.         </p>
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Type or Print Clearly:

	Business Address:	Remittance Address:
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)