Supplier Verification Form

Project Name: _____

Contractor Name: _____ Permit # _____ Business License # _____

Contact Name: _____ Email: _____ Phone Number: _____

Supplier/Contractor/Sub-Contractor	Scope of Work	Mailing Address	City	St	Zip Code	Phone Number	E-mail Address	Delivered or Picked up (where)?	Avon Business License #

To the best of my knowledge and belief, the foregoing information is true, correct, and complete. An updated form must be submitted prior to final inspection by the Building Inspector.
Submit this form to Desiree Spinks at salestax@avon.org

Contractor Signature _____ Date _____

Finance Department Signature _____ Date _____