



Department of Human Services
Monroe County, New York

Maggie Brooks
County Executive

Kelly A Reed
Commissioner

VENDOR NUMBER REQUEST / CHANGE FORM

General Instructions (see complete instructions on page 2):

- Type or print clearly. NOTE: Provider of service must complete this form.
Include the Federal Tax ID and company name only if the payment is to be made to the company.
Attach a copy of your Social Security Card.
Return this page ONLY of completed forms to: Vendor Operations, PO BOX 23020, Rochester, NY, 14692.
Payment will not be made until this form is received and processed in Vendor Operations.
Allow ten business days for processing.
Questions regarding the completion of this form can be directed to 753-6672.
Questions regarding payment information can be directed to the client's case worker listed below

Please check one: [] Request NEW Number

[] Change existing information for Vendor # complete below with the new information (enter current number)

Social Security or Tax ID #

Name Last First MI

Company or D.B.A.
If this request is for a company, is it a corporation (please circle response)? [] YES [] NO

Mailing Address Street / PO Box #
City State or Province Zip

Phone Number Fax Number

I CERTIFY THAT THIS INFORMATION IS TRUE and ACCURATE.

X Signature Date

Office Use Only

Processed by Date

Service Non Service Case No.
Payment Type [] Rent [] Day Care [] Other Payment Code
Worker Unit Number Phone Date