



# 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](mailto:salestax@avon.org)

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Finance Department Signature \_\_\_\_\_ Date \_\_\_\_\_