



SACRAMENTO COUNTY PROBATION DEPARTMENT CONTRACTOR INFORMATION RECORD



CONTRACTOR BUSINESS INFORMATION

Business Name:			
Business Tax Identification Number:			
Business Address:			
Contact Person Name:			
Phone Number / Fax Number:			
Phone:		Fax:	
E-Mail Address:			
Name and Title of Signatory (Person authorized to sign the contract):			
Name:		Title:	
Number of Regular, Full-Time Employees:			

REQUIRED DOCUMENTATION

W-9 Payee Data Record (attached to this form):
Please forward a completed and signed County of Sacramento Payee Data Record

If Business Entity is a Corporation:
Please forward copy of Articles of Incorporation or Corporate Resolution establishing signature authority for individual(s) signing the contract

Insurance Requirements:
The County of Sacramento usually requires contractor's to maintain insurance coverage (unless otherwise waived by County Risk Management) – General Liability, Professional Liability, Auto Liability, Worker's Compensation
Please forward a copy of a current insurance certificate(s) listing current coverage types and amounts.

Send Completed Form and Required Documentation to:

Probation Contract Services
PROB-Procurement@sacounty.net