



# Vendor Information Reporting Form

Please complete and return this form along with your Form W-9 to  
 ahatzinger@oswegolandpd.org or mail to  
 Oswegoland Park District, 313 E. Washington St, Oswego, IL 60543

Pursuant to Section 18-50.2 of the Illinois Property Tax Code (35 ILCS 200/18-50.2), the Oswegoland Park District is required to make a good faith effort to collect and electronically publish certain data from all vendors and subcontractors doing business with the Park District. Thank you for your cooperation in providing the information requested below.

Company Information		
Company Name		
Address		
City	State	Zip Code
Contact Name		
Phone	Email	

Company Status (Please check all that apply)	
<input type="checkbox"/>	Certified Small Business / meets certification requirements as a small business under SBA standards *More information and definitions can be found at <a href="http://www.sba.gov">http://www.sba.gov</a>
<input type="checkbox"/>	Minority-Owned Business - A business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.
<input type="checkbox"/>	Women-Owned Business - A business which is at least 51% owned by one or more women, or in the case of a corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.
<input type="checkbox"/>	Veteran-Owned Business - A small business (i) that is at least 51% owned by one or more qualified veterans living in Illinois or, in the case of a corporation, at least 51% of the stock in which is owned one or more qualified veterans living in Illinois; (ii) that has its home office in Illinois; and (iii) for which items (i) and (ii) are actually verified annually by the Commission on Equity and Inclusion.
<input type="checkbox"/>	Does not apply.

Certifications	
List any certifications your organization holds for the above categories if applicable:	
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OR	
<input type="checkbox"/>	Check box if organization is self-certifying

By signing below, you represent and warrant that the information on this Vendor Information Reporting Form is accurate and complete to the best of your knowledge.

Signature	Date
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