Form 1: Data Sheet
DHHS91155

Legal Business Name (include d/b/a if applicable)			
Legal Business Address	City	State	Zip Code
Utah-based accounting and customer service physical office (Required)	City	State	Zip Code
Business Mailing Address	City	State	Zip Code
Business Email address	Business Phone # (include area code)		
Does the vendor have an outstanding tax lien in the State of Utah? ☐ Yes ☐ No			
Contact Person and Title			
Contact Person's Email Address	Contact Person's Telephone # (include area code)		
By submitting this form, I certify that the information I have given is true and complete to the best of my knowledge.			
Name of Person Completing Form	Date		
Position or Title			