City of Philadelphia, Procurement Department
1401 John F. Kennedy Blvd. Room 170B, Philadelphia, PA 19102-1685
Fax: (215) 686-4716
Visit our Web Site at: www.phila.gov

NAME AND/OR ADDRESS CHANGE FORM

If this is a request for a Name Change, please include supporting *LEGAL DOCUMENTATION*

PLEASE TYPE OR PRINT CLEARLY

	FROM	**TO**
Federal Tax ID#	_____	_____
Name of Business	_____	_____

Mailing Address for Bids & Purchase Orders (Physical Address, No P.O. BOXES)

Address Line 1.	_____	_____
Address Line 2.	_____	_____
City /State /Zipcode	_____	_____
Contact Name:	_____	_____
Phone:	( )_____	( ) _____
Fax:	( )_____	( ) _____

Email Address of Present Contact Person: _____

Web Address:, _____

Address To Which Payment Should Be Made:

Address Line 1.	_____	_____
Address Line 2.	_____	_____
City /State /Zipcode	_____	_____
Contact Name:	_____	_____
Phone:	( )_____	( ) _____
Fax:	( )_____	( ) _____

Address Of Corporate Headquarters:

Address Line 1.	_____	_____
Address Line 2.	_____	_____
City /State /Zipcode	_____	_____
Contact Name:	_____	_____
Phone:	( )_____	( ) _____
Fax:	( )_____	( ) _____

Change Request Prepared By: _____ _____
(Please Print Name) (Signature)

Return To Above Address or Fax

Are you certified by the City of Philadelphia's Minority Business Enterprise Council? _____Yes _____No

Are you registered as a SBA with the U.S. Small Business Administration? _____Yes _____No

By signing this form, you verify that all information submitted to the City of Philadelphia is true and correct and you are notified that submission of false information by you is subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities.