



Business Name/DBA: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check the box that applies to your business and complete the fields below:

- Individual/Sole Proprietor  Non-Profit  Partnership  Corporation  LLC

Social Security Number: \_\_\_\_\_ OR Federal Tax ID Number: \_\_\_\_\_

Remit Address (if different from above):

Remittance Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby certify that the information supplied is correct:

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To submit forms by mail, please use remittance address below. To email, please send to email below. Contact the Call Center with any program questions.

Lee County BoCC  
Attn: LeeCares Procurement Management  
PO Box 398  
Fort Myers, FL 33902

Phone: (239) 533 – CARE (2273)  
Email: CaresProcurement@leegov.com