

**CITY OF CONCORD EXTERNAL AGENCY INFORMATION FORM
REQUEST FOR PAYMENT (RETURN BY 2/01/11)***

CITY OF CONCORD
Finance Department: Attn. Lesley Reder
26 Union Street, South
P. O. Box 308
Concord, NC 28026
Phone: 704-920-5263 Fax: 704-788-9375

LEGAL NAME OF AGENCY: _____

DBA/DOING BUSINESS AS: (IF DIFFERENT FROM LEGAL NAME): _____

CITY OF CONCORD BUSINESS PRIVILEGE LICENSE NUMBER: _____

NOTE: FOR INFORMATION REGARDING PRIVILEGE LICENSE OR PRIVILEGE LICENSE FORM, CONTACT CITY OF CONCORD TAX OFFICE: 704-920-5216

NOTE: ALL OF THE ABOVE WILL BE REQUIRED FIELDS IN ORDER TO ESTABLISH A VENDOR NUMBER AND TO RECEIVE FY10 GRANT.

FEDERAL TAX ID#: _____

AGENCY ADDRESS: _____ **COUNTY:** _____

MAILING ADDRESS: _____

REMITTANCE ADDRESS: _____

AMOUNT OF GRANT AWARDED: \$ _____

AGENCY DIRECTOR: _____ **PHONE:** _____ **FAX:** _____

CONTACT PERSON: _____ **PHONE:** _____ **EMAIL:** _____

SERVICES PROVIDED: _____

SIGNATURE: _____ **DATE:** _____

***PLEASE NOTE THAT THIS FORM MAY BE RETURNED EARLIER THAN 2/1/11**

FOR CITY USE BELOW:

RECEIVED BY: _____ **DATE:** _____

CHARGE TO BUDGET UNIT(s) #: _____ **ACCOUNT #:** _____

FOR AGENCY INFORMATION CHANGE ONLY, OR NOTES, PROVIDE BELOW:

