

CITY OF MUSKOGEE  
VENDOR REQUEST

Date of Request \_\_\_\_\_

Requesting Department \_\_\_\_\_

Vendor Name \_\_\_\_\_

Address 

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Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

- |  |                                   |
|--|-----------------------------------|
| <input type="radio"/> Individual/Sole Proprietor | <input type="radio"/> Corporation |
| <input type="radio"/> Partnership                | <input type="radio"/> Other       |

Comments 

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Completed By \_\_\_\_\_

Completed Date \_\_\_\_\_