



CHICAGO PUBLIC SCHOOLS

Jean Claude Brizard
Chief Executive Officer

DEPARTMENT OF PROCUREMENT AND CONTRACTS

125 South Clark Street, 10th Floor • Chicago, Illinois 60603 • Telephone: 773/553-2280 • Fax: 773/553-2251
<http://www.csc.cps.k12.il.us/purchasing/>

Opal L.Walls
Chief Purchasing Officer

Vendor must complete this form and attach documentation to support the change of address and /or name of the Vendor. For a mere change in name, Vendor must attach to the Form supporting documentation, such as documentation from the Secretary of State. **If no such documentation was filed with the State (for instance, a mere change of address), the vendor must provide a letter on the company's letterhead authorizing the change of address and identifying the new address.** This letter must be signed by an officer of the company, noting the title of the person signing the letter. This Form does not apply to mergers and reorganizations which result I changes of names or addresses. These changes must be reported to the Department of Procurement and Contracts via a new Contractors Disclosure Form within five (5) business days of their occurrence.

CHANGE OF ADDRESS REQUEST

VENDOR #: _____

NAME: _____

SOCIAL SECURITY #: / FEIN # _____

EFFECTIVE DATE: _____

VENDOR CHANGES

VENDOR INFORMATION (change from)

VENDOR INFORMATION (change to)

Business Name:	Business Name:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Telephone:	Telephone:
Fax:	Fax:

<i>Please list additional changes:</i>

Signature

Date