

# Request for Taxpayer Identification Number and Certification

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Contact person \_\_\_\_\_

Relationship to Richland County (please check one)

Vendor       Customer/County Business       Other \_\_\_\_\_

Preferred method of contact (please check one)

Mail       Fax       Email

Please mail to:

Richland County  
2020 Hampton Street  
P.O. Box 192  
Columbia, SC 29202

Or fax to: 803-576-2138

Or e-mail to: [schauflerc@regov.us](mailto:schauflerc@regov.us)

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For Internal Use Only

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Date of Reply \_\_\_\_\_

Method of Reply       Mail       Fax       Email      (please check one)

Signature \_\_\_\_\_ Title \_\_\_\_\_

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