

## **Attorney/Vendor Requested Changes to Attorney/Vendor Information**

Please return to two of the following:

Sheilah Casper: [scasper@probate.mobilecountyal.gov](mailto:scasper@probate.mobilecountyal.gov)

Heather Dees: [hdees@probate.mobilecountyal.gov](mailto:hdees@probate.mobilecountyal.gov)

Renee Jerkins: [rjerkins@probate.mobilecountyal.gov](mailto:rjerkins@probate.mobilecountyal.gov)

Fax: 251-574-6100

For questions, please call Sheilah (251-574-6002), Heather (251-574-6104), or Renee (251-574-6101).

**Attorney or Vendor Name:** \_\_\_\_\_

**Firm/Business Name (required if using EIN number issued by the IRS):**

\_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Remittance Address (if different from mailing address):**

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**One of the following is required (Social Security number or Tax ID):**

*Certification: Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). I am not subject to backup withholding because I am exempt from backup withholding, I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. I am a U.S. citizen or other U.S. person as defined by the IRS general instructions for Form W-9.*

**Signature:** \_\_\_\_\_

**Note: Attorney/Vendor name and Social Security number must match exactly to social security card.**

**SSN:** \_\_\_\_\_

**Note: Firm name and Tax ID must match exactly as issued from the Internal Revenue Service**

**Tax ID:** \_\_\_\_\_

**Email address:** \_\_\_\_\_