

Request for Attorney Access to Benchmark WEB Attorney/Vendor Requested Changes to Attorney/Vendor Information

Please return completed form to two of the following:

Fax: 251-574-6100

Jennifer Fulton: jfulton@probate.mobilecountyal.gov

251-574-6105

Renee Clarke: rclarke@probate.mobilecountyal.gov

251-574-6101

Heather Dees: hdees@probate.mobilecountyal.gov

251-574-6001

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: _____