

DHHS Data Sheet

Legal Business Name (include DBA if applicable)			
Legal Business Address	City	State	Zip Code
Business Mailing Address	City	State	Zip Code
Business Email address	Business Phone # (include area code)		
Does vendor have an outstanding tax lien in the State of Utah? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Person and Title			
Contact Person's Email Address	Contact Person's Telephone # (include area code)		
By submitting this form, I certify that the information I have given is true and complete to the best of my knowledge.			
Name of Person Completing Form	Date		
Position or Title			