Finance Department 14700 S. Ravinia Avenue Orland Park, IL 60461 708.403.6100 www.orlandpark.org



STATUS OF OWNERSHIP INFORMATION

The Village of Orland Park is required to collect "Status of Ownership" information for businesses pursuant to state law. Please complete this form and return, along with any certifications via e-mail to purchasing@orlandpark.org or by mail to Village of Orland Park, ATTN: Brandi Watson, 14700 S. Ravinia Avenue, Orland Park, IL 60462.

*This is a fillable PDF form and is available on our website at www.orlandpark.org.

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APPLICATION TYPE	F.E.I.N or SOCIAL SECURITY NO.		INCORPORATION DATE	
☐ New ☐ Change/Update			1	1
BUSINESS NAME	BUSINESS ADDRESS			
	STREET			
DOING BUSINESS AS (DBA)	СІТҮ	STATE		ZIP
STATUS OF OWNERSHIP (This field is required. Please select at least one)		OWNE	R'S RACE/ETHN	IICITY
This information is collected for reporting purposes only and not vendor selections. Please check any of the following that apply to the ownership of your business.		☐ American Indian or Alaskan Native☐ Asian		
Small Business Minority-Owned Women-Owned Veteran-	Owned Person with a Disability-Owned	☐ Black or African American☐ Hispanic/Latino		
☐ Not Applicable ☐ Prefer not to Disclose			☐ White☐ Two or more ethnicities	
HOW ARE YOU CERTIFYING? Certificates Attached Self-Certifying		☐ I pr	efer not to answe	r
PRIMARY CONTACT PERSON (Bids/Contracts/Purchase Orders):	PERSONS AUTHORIZED TO SIGN Bids/Contracts/Proposals:			
Name:	Name:			
Official Capacity:	Official Capacity:			
Telephone #: ()				
E-Mail:	Name:			
	Official Capacity:			
PLEASE PRINT THIS FORM, SIGN IT, AND SEND IT BACK WITH YOUR CERTIFICATES OF OWNERSHIP (unless self-certifying).				
I hereby certify that the information supplied herein is true and correct.				
Print or Type Name and Title	Signature		Date	_