

# Vendor/Supplier Questionnaire

**Metro Wastewater Reclamation District**  
**6450 York Street, Denver, Colorado 80229**

303-286-3000 303-286-3031 (fax)  
 srichards@mwr.dst.co.us (email)

Please complete both sides of this questionnaire.  
 You may return this form via postal mail, fax or email.

Date:

Legal Company Name:		Telephone Number:	
DBA Name, if applicable:		Toll-Free Number:	
Website Address:		General Email:	
Street Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Fax Number:	24-Hour Emergency Number:	Union Name, if applicable:	Union Contract Expiration Date:
Year Company Started:			
Check Appropriate Box: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individually Owned <input type="checkbox"/> Incorporated - list state(s):			
Principal Officer:		Title:	
Best Contact Number:		Business <input type="checkbox"/> Cell <input type="checkbox"/>	Email address:
Principal Contact:		Title:	
Best Contact Number:		Business <input type="checkbox"/> Cell <input type="checkbox"/>	Email address:
Check Appropriate Box: <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service Company <input type="checkbox"/> Consultant <input type="checkbox"/> Manufacturer's Representative <input type="checkbox"/> Retailer <input type="checkbox"/> Other:			
<b>Please describe your product(s) or service(s):</b> _____ _____ _____			

**Continued on reverse**

Under the applicable federal laws, do you claim and certify that your firm is:

Minority Owned

Woman Owned

Veteran / Service Disabled Veteran Owned

**Disadvantaged Business Enterprise**

A Disadvantaged Business Enterprise (DBE) is a small business concern: (a) which is at least 51% owned by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals; and (b) whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it, as defined pursuant to 49 CFR Part 26. DBE is inclusive of minority business enterprises, 8(a) contractors and women business enterprises.

**REFERENCES**

Company Name	Contact Person	Telephone Number	Product/service offered

**The signer representing this enterprise certifies that the information contained in this form is true and correct.**

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

President/Owner Signature

\_\_\_\_\_ Title

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

**FINANCIAL REFERENCE (Optional)**

By submitting financial institution references you are giving your authorization for us to contact these financial institutions for additional information.

Name/Financial Institution: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**ANNUAL SALES**

Previous Year Gross Sales (Total): \_\_\_\_\_