01/2022		CITY OF CO	UTU CAN ES ANTES	
01/2022			UTH SAN FRANCISCO Verification Form	
TYPE OR PRINT INFORMATION CLEARLY				
Legal Name of Company (as recorded with the IRS)			Doing Business as (DBA) if applicable:	
BRAUN NORTHWEST, INC.				
Physical Address: (required) 150 NORTH STAR DRIVE Number Street Name CHEHALIS, WA 98532 City, State and Zip Code			Remittance address (if different from address) PO BOX 1204 Number Street Name CHEHALIS, WA 98532 City, State and Zip Code	: :
Business Phone (360) 748-0195			Fax (360) 748-0256	
Principal Contact: BOBBY CHAMBERS				
Business Phone: (707) 804-8832 Email address: bobbychambers@braunnorthwestca				
Taxpayer Identification Number 91-1344619			EXEMPTION: Exempt from 1099 Reporting? If Yes, select from qualifying exemption reason Corporation except there is no exemption functional, healthcare & legal service payments Tax Exempt Charity under 501 (C)(3) The United States or any of its agencies Other:	n below:
Type of me	erchand	se/Service Business Provided:		
Manufact	urer of	Emergency vehicles		
You will no available or	t be ado n the IR	led to the vendor database withou S website at: <a href="https://www.irs.gov/leadings.gov/leadin</td><td>t the W-9 form. A copy of the Form W-9 is bub/irs-pdf/fw9.pdf.</td><td></td></tr><tr><td colspan=3>Here: Melaina Witchey/Accounts Receivable Printed name and title</td><td>Signature A/21/2023</td><td>e
.r</td></tr><tr><td colspan=5>Please return completed forms to City of South San Francisco, PO Box 711 South San Francisco, CA 94083 or send via email to newvendor@ssf.net		
Finance Use	e only:	New Vendor number:		
		Date Received:	W-9 Form attached:	-