

CITY OF PHILADELPHIA VENDOR INFORMATION FORM

ATTORNEY INFORMATION UPDATE REQUEST FORM

ATTORNEY/SOCIAL SECURITY # _____

PA ATTORNEY I.D. # _____

NAME _____
(First) (MI) (Last)

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

CHANGE REQUESTED

NEW ATTORNEY ()
CHANGE OF ADDRESS ()
NAME CHANGE ()

THIS COMPLETED FORM IS REQUIRED TO ISSUE PAYMENT
FOR SERVICES RENDERED.
PLEASE FORWARD TO COUNSEL FEE UNIT AT Municipal
Services Building, Room 1340, Phone #215-686-5639

ATTORNEY SIGNATURE DATE

DATE COUNSEL FEE UNIT SENT TO CITY _____

CONFIRMATION DATE & NAME OF CITY PERSONNEL _____