



## Vendor Information Summary

*\* Thank you for your interest in Savin Rock Communities! Please submit this form if you wish to be considered as a vendor/supplier for us. You can email it or send a hard copy to the addresses below.*

**Business Name:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

### **Contact Information**

Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### **Products/Services offered by your business:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please email to the Procurement Dept. via: [DKegley@SavinRockCommunities.org](mailto:DKegley@SavinRockCommunities.org)**

---

**15 Glade Street • West Haven, CT 06516**

Tel: (203) 934-8671 • Fax: (203) 937-5788

[www.savinrockcommunities.org](http://www.savinrockcommunities.org)

*Equal Opportunity Housing*