



January 7, 2026

The following is a list of updated credit information for the Lake Metroparks, a State of Ohio Government. Listed below are three (3) suppliers and bank reference with which Lake Metroparks is doing business.

Lake Metroparks
Administrative Offices
11211 Spear Road
Concord Twp., Ohio 44077

440-639-7275
440-639-9126 fax
lakemetroparks.com

Lake County Probate Judge
Mark J. Bartolotta

Board of Park Commissioners
Gretchen Skok DiSanto
Frank J. Polivka
John C. Redmond, CPA

Executive Director
Paul Palagyi

1. Active Plumbing Supply
216 Richmond Street
Painesville, Ohio 44077
(440) 946-5600
2. Atwell's Police & Fire Equipment
207 Chestnut Street
Painesville, Ohio 44077
(440) 354-5593
3. True Value Hardware
7701 Crile Road
Painesville, Ohio 44077
(440) 352-3761
4. Grif King
Vice President, Treasury Management
Dollar Bank
1301 East 9th Street
Cleveland, Ohio 44114
216-736-7385
Gking788@dollarbank.com

I trust the above information meets your requirement. In the event you should have additional questions or comments, please do not hesitate to contact me at 440-639-7275 ext.1411.

Sincerely,

Christopher J. Brassell, CPA



January 7, 2026

TO: All Vendors
RE: Purchasing Procedures

Lake Metroparks
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Before providing goods or services to Lake Metroparks, vendors must be aware of and follow these important procedures.

1. A completed and signed W-9 must be on file in the Finance Department at Lake Metroparks prior to issuance of a Purchase Order.
2. A Purchase Order Number must be assigned for the purchase of all goods or services.
3. **All freight shipments less than 150 pounds must ship to Lake Metroparks using OUR UPS ACCOUNT NUMBER.** Failure to do so will result in back charges to the vendor. Please contact Lake Metroparks' Procurement Department for the account number.
4. Lake Metroparks will not pay invoices if a purchase order is not on file with the Finance Department. All goods purchased without a purchase order and invoiced are the responsibility of the individual placing the order.
5. Vendors supplying goods or services without a Purchase Order Number do so at their own risk.
6. All invoices and shipping documents must indicate the Purchase Order Number to which the billing or shipment applies. Lake Metroparks will return invoices unpaid to the vendor not referencing a Purchase Order Number.
7. Send ALL invoices to the Administrative Offices to the attention of the Finance Department.
8. Independent Contractor Acknowledgement: All individuals employed under a Lake Metroparks contract that provide services to Lake Metroparks are not considered public employees for the purpose of Ohio Public Employees Retirement System (OPERS) membership. All Independent Contractors must complete the attached PEDACKN form and return it to the Finance Department before payment for services can be rendered.

Sincerely,

Christopher J. Brassell, CPA



Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

BY THE STATE OF OHIO OR ONE OF ITS POLITICAL SUBDIVISIONS

TAX EXEMPT #A-418662

FEDERAL ID # 34-1601185

Purchaser must state a valid reason for claiming exception or exemption.

LAKE METROPARKS

Purchaser's name

PARK SYSTEM

Purchaser's type of business

11211 SPEAR ROAD

Street address

CONCORD TWP., OH 44077

City, state, ZIP code

Christopher J. Brunel

Signature

CFD

Title

1-6-2024

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.



Purchasing Department
For Lake Metroparks

Vendor Registration Form

In order to be a vendor of Lake Metroparks this form must be completed and returned to the Finance Department.

Firm Name: _____

Primary Business Address:

Remit To Address (If different from above)

"Independent Contractor Acknowledgement: All individuals employed under a Lake Metroparks contract that provide services to Lake Metroparks are not considered public employees for the purpose of Ohio Public Employees Retirement System (OPERS) membership."

Primary Contact: _____ **Title:** _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Business Hours: _____

Corporation: ____ **LLC:** ____ **Individual/Sole Proprietor:** ____ **Partnership:** ____ **LLP:** ____

Non-Profit: ____ **Sole Shareholder: Yes** ____ **No** ____ **Number of Employees:** _____

1099: Yes ____ **No** ____ **Other (Please indicate)** _____

Signature of Authorized Company Representative _____

Describe your firm's products and/or services _____

Return this form to:

**Lake Metroparks
Finance Department
11211 Spear Road
Concord Township, Ohio 44077
Phone 440-639-7275 Fax 440-639-9126
Email: adeering@lakemetroparks.com**

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

Date of Birth: Month Day Year

/ /

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

/ /

/ /

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for this service. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. **A copy of this form must be sent to OPERS.**

Signature _____ Today's Date ____/____/____
Do not print or type name