



EMPLOYER INFORMATION

EMPLOYER: _____

MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____

WEBSITE ADDRESS: _____

MAYOR/DIRECTOR: _____

PHONE: _____ **EMAIL:** _____

CLERK: _____

PHONE: _____ **EMAIL:** _____

MERS AUTHORIZED REPRESENTATIVE(s): Approved to certify employee information.

PHONE: _____ **EMAIL:** _____

EMPLOYER PORTAL USER TO SUBMIT PAYROLL FILE:

PHONE: _____ **EMAIL:** _____

Signature of Mayor or Director of Organization

Print Name

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