



Department of
Administrative Services

COOPERATIVE PURCHASING PROGRAM ENROLLMENT FORM

(Please type or print clearly.)

Name of Political Subdivision_____

Contact Person_____Title_____

Street Address_____P. O. Box_____

City/Village/Township_____County_____Zip Code_____

Phone_____Fax_____Email_____

Please email completed enrollment form and resolution to:

**DAS Office of
Procurement Services**
c/o Cooperative Purchasing Program
das.statepurchasing@das.ohio.gov

State of Ohio Department of Administrative Services
**4200 Surface
Road**
COLUMBUS, OH 43228