



EMPLOYER INFORMATION

EMPLOYER: _____

MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____

WEBSITE: _____

MAYOR/DIRECTOR: _____

PHONE: _____ **EMAIL:** _____

CLERK: _____

PHONE: _____ **EMAIL:** _____

MERS AUTHORIZED REPRESENTATIVE: Approved to certify employee information.

PHONE: _____ **EMAIL:** _____

EMPLOYER PORTAL USER #1: Contribution File/Reporting

PHONE: _____ **EMAIL:** _____

EMPLOYER PORTAL USER #2: Payroll Payment/Finance

PHONE: _____ **EMAIL:** _____

Please note this information will be published to MERS website.

Signature of Mayor or Director of Organization

Print Name