



## Awarded Supplier Information

---

**Supplier Name:** Central Salt, LLC

**Supplier ID #:** 0000020454

**Supplier Address:** 1420 State Rd 14

**City:** Lyons

**State:** KS

**Zip Code:** 67554 -

**Contact Person Name:** Lori Young

**Phone #:** 620-257-5626 ext. 203

**Title:** Customer Service Supervisor

**Fax #:** 620-257-5052

**Email:** lyoung@centralsalt.com

**Website:** www.centralsalt.com

**Authorized Location:** ☐ Locations list attached as (*attachment title*)

☐ Address:

**City:**

**State:**

**Zip Code:**

**Contract ID #:** 5628

**Delivery:**

**Minimum Order:**

**P/Card Accepted:** ☒ Yes

☐ No

**Other:**