

Renewal of Clark Street SSA #23 | Signature Support Form

In order to continue the programs and services of Clark Street Special Service Area (SSA) #23, please fill out this signature support form. Thank you for your time and support!



Multiple PINs, if contiguous, may be listed on one signature form.

Non-contiguous PINs or PINs identified under different Taxpayer of Record names should be listed on separate forms.

PIN	Property Address

Listed Taxpayer of Record: _____

Check here if entity is non-profit and property is tax exempt:

The person signing below acknowledges the following:

1. I am the owner or taxpayer of record of a property located within the reconstituting SSA, or an agent who is authorized to sign on behalf of the owner or taxpayer of record.
2. I support the reconstitution of this Special Service Area in which the maximum tax levy rate cannot exceed 0.40% of the Equalized Assessed Valuation.

Please submit this form via one of the following options:

a) Sign with an electronic verifiable signature such as DocuSign or Adobe Sign. Email to Jessica Wobbekind at jessica@lincolnparkchamber.com

b) Print, sign, scan, and email signed form back to Jessica Wobbekind at jessica@lincolnparkchamber.com

c) Print, sign, and mail signed form to: Jessica Wobbekind, LPCC, 2468 N. Lincoln Ave, Chicago, IL 60614

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Owner

Taxpayer of Record

Agent

If owner is not the taxpayer of record, attach proof of ownership. If taxpayer of record is a corporation, attach documentation showing signer's position with entity. If signer is an agent, attach documentation from corporate entity or owner which authorizes the agent to sign on behalf of the owner or taxpayer of record.

VERIFICATION. Section to be completed by the person who collected the signature on behalf of the sponsor agency. If this form was submitted electronically, check here and leave blank below.)

I confirm that I spoke to the signer above.

Signature received by: (signed) _____ Date: _____

Printed name of receiver: _____

FOR DPD USE ONLY.

DPD Reviewer: _____ Date: _____

Accepted Rejected

Comment: