

TIF INTERESTED PARTIES REGISTRATION FORM

Registration for Residents: If you are a Village of Lombard resident and would like to register on the Interested Parties Registry for one or more tax increment financing (TIF) redevelopment project areas, please complete Part A of this form. Proof of residency is required. Please attach a photocopy of one of the following (driver's license, lease, utility bill, financial statement, or such other evidence as may be suitable to establish your current municipal residency) to this form.

Registration for Organizations: If your organization is active in the Village of Lombard and would like to register on the Interested Parties Registry for one or more tax increment financing (TIF) redevelopment project areas, please complete Part B of this form. Please attach a one-page statement, which describes the organization's current operations in the municipality to this form. (Note: existing organizational documents that provide this information will also be accepted)

PART A: REGISTRATION FOR MUNICIPAL RESIDENTS (Please Print)

Name _____

Street Address _____

Zip Code _____ Home Telephone _____

I have attached a copy of _____ as proof that I am a resident of the municipality of the Village of Lombard as of the date of this registration form.

Please check off the TIF(s) you are interested in below:

Downtown St. Charles Road West St. Charles Road East Butterfield Yorktown

PART B: REGISTRATION FOR ORGANIZATIONS (Please Print)

Organization Name _____

Contact Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Check here if a statement describing your organization's current operations in the Village of Lombard is attached.

Please check off the TIF(s) you are interested in below:

Downtown St. Charles Road West St. Charles Road East Butterfield Yorktown

Please return this form to: **TIF Interested Parties Registry**
 Village of Lombard
 Community Development Department
 255 E. Wilson Avenue
 Lombard, IL 60148

Signature of Interested Party/Title _____ Date _____