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**CITY OF CHICAGO
REFUSE REIMBURSEMENT FORM**

Is this your first time filing? Yes or No

1. Permanent Index Number: - - - -

2. Name of Organization: _____

Address: _____

Chicago, Illinois 606_____

3. Name of Managing Agent/Company/Mailing Address & Phone Number:

4. Type of Structure: (Please indicate appropriate number in box)

- (1) Single Family Home
- (2) Duplex
- (3) Townhouse
- (4) Two-Flat
- (5) Three-Flat
- (6) Four-Flat
- (7) Condominium
- (8) Co-op
- (9) Other: _____

5. Number of Building Units: Residential _____
Commercial _____

6. Does the Building Recycle? Yes or No

7. Reporting Period:
Year: _____

- A) January thru June
- B) July thru December
- C) January thru December

8. Attach receipts for Refuse & Recycling Collection for period circled above.

9. Total Refuse Bills: \$ _____
Total Recycling Bills: \$ _____
Total Reimbursement Requested \$ _____

- 10. Attach a copy of current scavenger service agreement.
- 11. Any organization applying for reimbursement for the first time must attach a copy of the building's previous year's refuse collection bills.
- 12. Include a copy of the Resolution adopted by the governing board of the organization, authorizing the submission of the City of Chicago Condominium Refuse Reimbursement Form.

Signature

Title

State of Illinois
County of _____
Signed and sworn to before me
on _____ (date)
by _____

Signature of Notary Public

ALL INFORMATION REQUESTED MUST BE PROVIDED IN ORDER TO BE PROCESSED

****PLEASE RETURN APPLICATION TO YOUR ALDERMANIC OFFICE****