

**Application
for Inclusion in
The City of Warrentville's
TIF Interested Parties Registry**

(ORGANIZATION)

Name of Organization: _____

Address (if permanent address available): _____

Name of Contact Person: _____

Address for Sending Notices: _____

Phone: _____

Fax: _____

E-mail: _____

Description of the Organization's current activities in the City of Warrentville

(attach separate sheet if necessary): _____

Information requested in regard to: All TIF Districts

Only the following TIF Districts:

Applicant's Name: _____

Relationship of Applicant to Organization: _____

Date: _____

Signature of Applicant