

Renewal of Clark/Morse/Glenwood SSA #24 | Signature Support Form

Thank you for your support! In order to continue Clark/Morse/Glenwood SSA #24, please consider filling out this signature support form.



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 proposed SSA, or an agent who is authorized to sign on behalf of the owner or taxpayer of record.
2. I support the establishment of this proposed Special Service Area in which the maximum tax levy rate cannot exceed 0.75% of the Equalized Assessed Valuation.

Please submit this form via one of the following options:

- a) Sign with an electronic verifiable signature, e.g. DocuSign or Adobe Sign. E-mail link to Carolina Juarez at cjuarez@rpba.org*
- b) Print, sign, scan, and e-mail signed form back to Carolina Juarez at cjuarez@rpba.org*
- c) Print, sign, and mail signed form to Carolina Juarez at Rogers Park Business Alliance, 1448 W. Morse Avenue, Chicago, IL, 60626*

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: _____