



CL2010-346

City of Chicago

Office of the City Clerk

City Council Document Tracking Sheet



Meeting Date:	11/10/2010
Status:	Introduced
Sponsor(s):	Smith, Mary Ann
Type:	Claim
Title:	Claims
Committee(s) Assignment:	Committee on Finance

City Council Meeting
November 10, 2010

REFER TO COMMITTEE ON FINANCE

ORDERED, That the City Comptroller is authorized and directed to issue payment, upon favorable investigation by the Committee on Finance, pursuant to Chapter 99, Section 18.1 (Condominium/Cooperative Refuse Reimbursement) to the Associations hereunder or reported on the attached list.

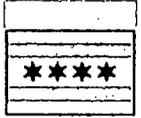
Andersonville Condominium Assn.
1437-1439 W. Catalpa Avenue
Chicago, Il. 60640

2009-Annual


MARY ANN SMITH
Alderman, 48th Ward



THE CHICAGO CITY COUNCIL COMMITTEE ON FINANCE



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Refuse Reimbursement Form

To process your reimbursement form:

Step 1: fill out form

Step 2: click 'preview' button at bottom of form

Step 3: sign form in presence of Notary Public and get notarized

Step 4: submit all necessary documents to your alderman's office

2009 - Annual

Note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code Requires that all claims be typed.

		Note: *All Fields Must Be Filled In		
1	First Time Filing?	Yes <input type="radio"/> No <input checked="" type="radio"/>		
2	Permanent Index Number	Example PIN Number (XX-XX-XXX-XXX-XXXX) PIN <input type="text" value="14"/> - <input type="text" value="08"/> - <input type="text" value="168"/> - <input type="text" value="047"/> - <input type="text"/>		
3	Organization Name	<input type="text" value="Andersonville Condominium Association"/>		
4	Organization Address	<input type="text" value="1437-39 W. Catalpa Ave."/>		
5	Organization City, State & Zip Code	City <input type="text" value="Chicago"/>	State <input type="text" value="IL"/>	Zip Code <input type="text" value="60640"/>
6	Organization Telephone	Office <input type="text" value="773-728-6867"/>	Cellular <input type="text" value="312-371-4311"/>	
7	Managing Agent or Company	<input type="text" value="/"/>		
8	Managing Agent Address	<input type="text" value="/"/>		
9	Managing Agent City, State & Zip Code	City <input type="text" value="/"/>	State <input type="text" value="IL"/>	Zip Code <input type="text" value="/"/>
10	Managing Agent Telephone	Office <input type="text" value="/"/>	Home <input type="text" value="/"/>	Cellular <input type="text" value="/"/>
11	Board President	<input type="text" value="Kimberly A. Kenny"/>		
12	Board President Address	<input type="text" value="1439 W. Catalpa Ave, 1-W"/>		
13	Board President City, State & Zip Code	City <input type="text" value="Chicago"/>	State <input type="text" value="IL"/>	Zip Code <input type="text" value="60640"/>
	Board President	Office	Home	Cellular

14	Telephone	<i>Dr.</i> 773-702-8494	<i>Home</i> 773-728-6867	<i>cell</i> 312-371-4311
15	Board President Email	khenry@uchicago.edu		
16	Structure Type	Select Structure Type	Condominium	
17	Number of Building Units	Residential <input checked="" type="checkbox"/> 6	Commercial <input type="checkbox"/>	
18	Does Building Recycle?	Yes <input checked="" type="radio"/> No <input type="radio"/>		
19	Reporting Period	Jan/Jun <input type="radio"/>	Jul/Dec <input type="radio"/>	Jan/Dec <input checked="" type="radio"/>
20	Attach Receipts for refuse and recycling period above	see attached		
21	Total Refuse Bills	1,088.41		
22	Total Recycling Bills	total		
23	Total Reimbursement Requested	450.00		
24	Please attach a copy of current scavenger service agreement			
25	Any organization applying for reimbursement for the FIRST time must attach a copy of the building's previous years refuse collection bills.			
29	Include a copy of the resolution adopted by the governing board of the organization, authorizing the submission of the City of Chicago Condominium Reimbursement Form.			
27	Signature Details Area			
28	Position	President, Andersonville Condo Assoc.		
29	Notary Public Signature, Seal and Date information go here			
30	Notes:	Aii information requested must be provided in order to be processed. Please return application to your aldermanic office.		

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THE CHICAGO CITY COUNCIL COMMITTEE ON FINANCE



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Recycling Certification For Condominium Rebates

To process your rebate form:

Step 1: fill out form

Step 2: click 'preview' button at bottom of form

Step 3: sign form in presence of Notary Public and get notarized

Step 4: submit all necessary documents to your alderman's office

		Note: *All Fields Must Be Filled In
Section A		
1	Condominium Name	Andersonville Condominium Assoc.
2	Board President or Property Manager	Kimberly A. Kenny
3	Building Address	1437-39 W. Catalpa Ave, 1-W
4	City, State & Zip Code	City Chicago
		State IL
5	Telephone	Office 773-702-0494
		Cellular 312-371-4311
6	Recycling Service Provider	Groot
7	Refuse Service Provider	Groot
Section B		
8	Building Type	<input checked="" type="radio"/> Condo <input type="radio"/> Townhouse <input type="radio"/> Co-op
9	Do you currently have a recycling program in place	<input checked="" type="radio"/> Yes <input type="radio"/> No
10	Does your building contract directly for refuse service?	<input checked="" type="radio"/> Yes <input type="radio"/> No
11	Type of Recycling Method :	<input checked="" type="radio"/> Source separation (Any process which separates recyclable waste from non-recyclables before collection and keeps recyclables separated from the other waste. This process includes both bag and bin systems.) <input type="radio"/> Post-Collection separation (Any process which separates recyclables waste from other waste after the point of collection.)
Section C		

12 If you are a business entity, building owner, or management company which contracts for the provision of waste hauling services for any commercial, office or retail establishment, or high density condominium, or cooperative residential building in the City of Chicago, you are considered a "refuse collection customer," and must complete the remainder of this form.

Upon penalty of perjury, the undersigned certifies that she/he is the
Position: of

Building or Company: ; that she/he is authorized to verify the statements made in this certification and has personal knowledge that the statements made are true.

The undersigned certifies that she/he will conduct an effective recycling program on the licensed premises during the license period, that the recycling program will be implemented in accordance with the Chicago High Density Residential and Commercial Source Reduction and recycling Ordinance (Section 11-5-025 of the Chicago Municipal code, as amended) and will be in compliance with all provisions in this chapter.

13 Signature Details Area

R.A. Perry
President, Andersonville Condo Assoc.

14 Notary Public Seal and details to go here (click to preview below)

OFFICIAL SEAL
ELIZABETH A. SAGARTZ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11-4-2013

Elizabeth A. Sagartz

11-4-10

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OFFICIAL SEAL
ELIZABETH A. SAGARTZ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11-4-2013

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GOVERNING BOARD RESOLUTION EXAMPLE

We the undersigned, being the Board of Directors of the Andersonville
Condo Assoc. (Association, Condominium and/or Cooperative),
located at 1437-39 W. Catalpa Ave. Chgo. (Address), do
hereby state that the following Resolution was adopted by the Board of
Directors on 9/12/10 (date of meeting).

The Officers of the Andersonville Condo Assoc. (Association
Condominium and/or Cooperative) are hereby authorized to submit the required
information to the City of Chicago regarding scavenger services for the
purpose of receiving the rebate for said cost under the appropriate City
Ordinance.

[Signature]
President
[Signature]
Vice President
[Signature]
Secretary
[Signature]
Treasurer

Date: 10/20/10



**Groot
Industries, Inc.**

2500 Landmeier Road
Elk Grove Village, IL 60007
Phone: 773/242-1977
Fax: 773/601-8639
www.Groot.com

To Whom It May Concern:

This is to verify that Groot Industries, Inc is a private refuse and recycling hauler which provides (please check all that apply) trash x and/or recycling service to the condominium association at:

1439 W Catalpa Ave

in Chicago, IL

For the period from Jan - Dec 2009

The total amount billed and paid for is \$1,088.41

If you have any questions, please do not hesitate to call.

Sincerely,
Terri Barruffi
Billing
Phone 847/734-6440 ext 6515
Fax 847/734-6389
E-mail tbarruffi@groot.com

Service Locations
In Elk Grove Village, Chicago, McDook,
West Chicago, Lake Bluff

- Waste Collection
- Recycling Services
- Municipal Contracting
- Roll-Off Service
- Document Destruction
- Off-Site Product Destruction

Since 1914

NSWMA



Recycled Paper