

Legislation Text

File #: 02011-6276, Version: 1

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City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund Fill In the fields below and print form. Sign and take this to your alderman's office. FOR OFFICIAL USE ONLY CLAIM* WARD i DATE io - II STATUS R_ **Note: *AII Fields Must Be Filled In** Claimant Name Claimant Address Claimant Address Claimant City, State & Zip Code Claimant Telephone Claimant Birthdate: **Property Tax Number:** Water Account Number:

8

Building Type:

11

I, LJtL-Ug.Wv^»v"vQ.. U \AAU3kiN^S (print your name), the undersigned on

oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the Qty of Chicago, that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein. *OWNER SIGNATURE DATEj*>Q $^{cc^{u}}$ *SkX*₁ *IL*

Please print this and return application to your aldermanic Office before July 1