



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Text

File #: O2011-1324, Version: 1

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Senioif Citizens Annual Refund Application

Note: *All Fields Must Be Filled in

- | | | | | |
|---|---|--|---------------------------|-----------|
| 1 | Claimant Name | First | Middle Initial | Last Name |
| 2 | Claimant Address | 1 3Loo H LsP | | |
| 3 | Claimant City, State ft Zip Code | City | State | Zip Code |
| | | K J | | |
| 4 | Claimant Telephone | Office | Home | Cellular |
| 5 | Claimant Birthdate: | Must be 65 years of age, or older as of 3/11/2009 dc | | |
| 6 | Property Tax Number: | Example PIN Number (XX-XX-XXX-XXX-XXXX) pil | | |
| | | fuo"-(ooo-(1131 | | |
| 7 | Water Account Number: | 1 | xx-xx-xxx-xxxx-xxx format | |
| 8 | Building Type: | '^^Condo ƒ Townhouse ƒ Co-op Apartment | | |
| 9 | Signature information on Next Page | | | |

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