

**CITY OF CARLINVILLE  
550 NORTH BROAD STREET  
CARLINVILLE, IL 62626**

**INTERESTED PARTIES REGISTRATION FORM**

Persons who want to receive information concerning Tax Increment Financing may register with the Registrar. Persons or businesses owning property within the boundaries of the proposed Redevelopment Project Area do not need to register to obtain notices of the public hearing. Registrants must be residents of the City or represent an organization which is active within the City. Registration will be verified by the Registrar and correspondence approving or disapproving the registration will be mailed (or e-mailed) within ten (10) days after submission of a completed Registration Form to the Registrar. By submission of this form, the proposed registrant authorizes the Registrar to verify the information on this Registration Form and agrees to submit additional proof of residence or ownership to the Registrar upon request. Complete and submit (or e-mail) this Registration Form for registration.

Name (Title, First, MI, Last): \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

- I am a resident of the City of Carlinville.
- I am a representative of an organization that is active in the City of Carlinville.
- I own property within the Redevelopment Project Area.
- I represent a business which owns property within the Redevelopment Project Area.
- Please register me in the Interested Parties Registry.

Please Provide me with Notices by: (See Note)		
<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax

I agree that registration in the Interested Parties Registry is subject to the Rules adopted by the Carlinville City Council. By my signature (or transmission by e-mail), I represent to the City of Carlinville that I am eligible for such registration. I further agree to submit such additional information requested by the Registrar for verification of said registration.

Submit by Email

\_\_\_\_\_

Applicant

Note: Applications which do not indicate a method for delivery of notices will be sent by mail only.  
 E-mail and fax requests must include an e-mail address or fax number, respectively.