

# Establishment of Pulaski/Elston SSA | Signature Support Form

Please consider filling out this signature support form in order to establish a special service area (SSA) for the Pulaski/Elston/Lawrence corridors. Thank you for your time and support!



*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 1.5% of the Equalized Assessed Valuation.

*Please submit this form via one of the following options:*

*a) Sign with an electronic verifiable signature such as DocuSign or Adobe Sign. Email to Amie Zander at [amie@pebachamber.org](mailto:amie@pebachamber.org)*

*b) Print, sign, scan, and email signed form back to Amie Zander at [amie@pebachamber.org](mailto:amie@pebachamber.org)*

*c) Print, sign, and mail signed form to: Amie Zander, Pulaski Elston Business Association, 4000 W Montrose Ave, Chicago, IL 60641*

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: \_\_\_\_\_