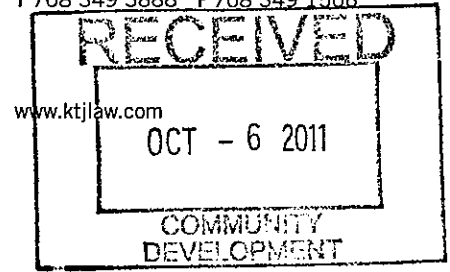




20 N. Wacker Drive, Ste 1660  
Chicago, Illinois 60606-2903  
T 312 984 6400 F 312 984 6444

15010 S. Ravinia Avenue, Ste 10  
Orland Park, Illinois 60462-5353  
T 708 349 3888 F 708 349 1506

DD 312 984 6422  
tpbayer@ktjlaw.com



**MEMORANDUM**

To: William Heniff, Director of Community Development, Village of Lombard  
From: Thomas P. Bayer, Village Attorney **Via E-mail (Memo only) and U.S. Mail (Memo and encls.)**  
Date: October 3, 2011  
Re: **Downtown TIF District – Deletion of the Henaghan Property from the TIF District**

Enclosed please find the following documents relative to the above-captioned matter:

- 1. A certified copy of the Property Deletion Ordinance, stamped to evidence its filing with the DuPage County Clerk’s Office on September 30, 2011;
- 2. An original Certificate of Filing, relative to the filing of the Property Deletion Ordinance with the DuPage County Clerk’s Office on September 30, 2011; and
- 3. Copies of the Certified Mail receipts relative to the September 19, 2011 Notice to the taxing districts.

These documents should be kept with the Village’s other records relative to this matter.

Please note that, with the DuPage County Clerk’s Office filing, the deletion process is now complete.

If there are any questions, please feel free to call.

encls.

cc: David Hulseberg, Village Manager (w/o encls.; via e-mail)  
Jennifer Henaghan, Senior Planner (w/o encls.; via e-mail)

STATE OF ILLINOIS     )  
                                  ) SS.  
COUNTY OF DUPAGE    )

**CERTIFICATE OF FILING**

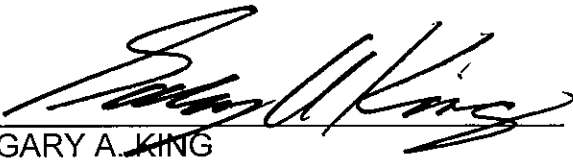
I, GARY A. KING, the undersigned, do hereby certify that I am the duly qualified and acting County Clerk of DuPage County, Illinois, and as such official I do further certify that on the 30<sup>TH</sup> day of September, 2011, there was filed in my office a duly certified copy of the following Ordinance of the Village of Lombard:

**ORDINANCE NO. 6648**

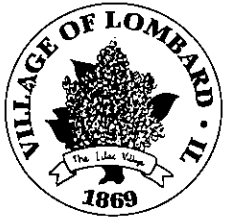
**AN ORDINANCE DELETING CERTAIN PROPERTY  
FROM THE REDEVELOPMENT PROJECT AREA FOR  
THE DOWNTOWN TAX INCREMENT FINANCING DISTRICT**

duly adopted by the President and Board of Trustees of the Village of Lombard, DuPage County, Illinois, on the 15th day of September, 2011, and that the same has been deposited in the official files and records of my office.

IN WITNESS WHEREOF, I hereunto affix my official signature and the seal of said County, this 30<sup>TH</sup> day of September, 2011.

  
GARY A. KING  
County Clerk of DuPage County, Illinois

{SEAL}



FILED

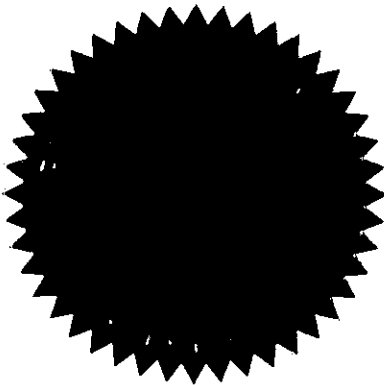
SEP 30 2011

*Greg A. Kelly*  
DuPage County Clerk

I, **Brigitte O'Brien**, hereby certify that I am the duly qualified Village Clerk of the **Village of Lombard**, DuPage County, Illinois, as authorized by Statute and provided by local Ordinance, and as such Village Clerk, I maintain and am safekeeper of the records and files of the President and Board of Trustees of said Village.

I further certify that attached hereto is a copy of ORDINANCE 6648 DELETING CERTAIN PROPERTY FROM THE REDEVELOPMENT PROJECT AREA FOR THE DOWNTOWN TAX INCREMENT FINANCING DISTRICT of the said Village of Lombard Police Department as it appears from the official records of said Village duly issued September 15, 2011.

In Witness Whereof, I have hereunto affixed my official signature and the Corporate Seal of said **Village of Lombard**, Du Page County, Illinois this 19<sup>th</sup> day of September, 2011.



*Brigitte O'Brien*  
\_\_\_\_\_  
Brigitte O'Brien  
Village Clerk  
Village of Lombard  
DuPage County, Illinois

**ORDINANCE NO. 6648**

**AN ORDINANCE DELETING CERTAIN PROPERTY  
FROM THE REDEVELOPMENT PROJECT AREA FOR  
THE DOWNTOWN TAX INCREMENT FINANCING DISTRICT**

**WHEREAS**, the Village of Lombard (the "Village") is a non-home rule municipality organized under the laws of the State of Illinois; and

**WHEREAS**, the General Assembly of the State of Illinois has provided by law the Tax Increment Allocation Redevelopment Act, 65 ILCS 5/11-74.4-1 *et seq.*, (the "Act"), to assist in the financing of certain improvements in areas which meet specified requirements; and

**WHEREAS**, the Village, pursuant to Ordinance Nos. 3121, 3122 and 3123, adopted February 2, 1989, as amended by Ordinance No. 5145, adopted June 6, 2002, and Ordinance No. 5981, adopted January 18, 2007, established the Village's Downtown Tax Increment Financing (TIF) District, relative to the redevelopment project area legally described in Exhibit A attached hereto and made part hereof (the "Redevelopment Project Area"), approved a redevelopment project and plan, as amended, in relation to the Village's Downtown TIF District (the "Redevelopment Plan") and adopted tax increment financing for the Village's Downtown TIF District; and

**WHEREAS**, the owner of a parcel of property located in the Redevelopment Project Area has requested that the parcel of property be removed from the Redevelopment Project Area, said parcel of property being legally described in Exhibit B attached hereto and made part hereof (the "Deleted Parcel"); and

**WHEREAS**, the removal of the Deleted Parcel from the Redevelopment Project Area will not adversely impact the eligibility factors relied upon by the Village in

establishing the Village's Downtown TIF District as a tax increment financing district under the Act; and

**WHEREAS**, the removal of the Deleted Parcel from the Redevelopment Project Area will not adversely impact the Redevelopment Plan or redevelopment within the Village's Downtown TIF District, although, upon removal from the Redevelopment Project Area, the Deleted Parcel will no longer be eligible for any of the financial incentives available to properties within the Redevelopment Project Area; and

**WHEREAS**, pursuant to 65 ILCS 5/11-74.4-5(c), amendments to the Village's Downtown TIF District which do not (1) add additional parcels of property to the proposed redevelopment project area, (2) substantially affect the general land uses proposed in the redevelopment plan, (3) substantially change the nature of the redevelopment project, (4) increase the total estimated redevelopment project cost set out in the redevelopment plan by more than five percent (5%) after adjustment for inflation from the date the redevelopment plan was adopted, (5) add additional redevelopment project costs to the itemized list of redevelopment project costs set out in the redevelopment plan, or (6) increase the number of inhabited residential units to be displaced from the redevelopment project area, as measured from the time of creation of the redevelopment project area, to a total of more than ten (10), may be made without need for further hearing, provided the Village gives certain notices of any such amendments within ten (10) days following the adoption of the Ordinance providing for any such amendments;

**NOW, THEREFORE, BE IT ORDAINED** by the President and Board of Trustees of the Village of Lombard, DuPage County, Illinois, as follows:

**SECTION 1:** That the recitals set forth above are hereby incorporated herein as Section 1 of this Ordinance.

**SECTION 2:** That Ordinance Nos. 3121, 3122 and 3123, adopted February 2, 1989, as amended by Ordinance No. 5145, adopted June 6, 2002, and Ordinance No. 5981, adopted January 18, 2007, are hereby further amended by deleting the Deleted Parcel from the Redevelopment Project Area and from the Redevelopment Plan.

**SECTION 3:** Pursuant to 65 ILCS 5/11-74.4-5(c), within ten (10) days of the adoption and approval of this Ordinance, this Ordinance shall be published in the *Lombardian*, and a copy of this Ordinance shall be sent by certified mail, return receipt requested, to each taxing district that is affected by the Village's Downtown TIF District, and by First Class U.S. Mail to each person/entity registered on the Village's TIF Interested Parties Registry.

**SECTION 4:** That a certified copy of this Ordinance shall be filed with the County Clerk of DuPage County, Illinois, and, thereafter, a revised Initial Equalized Assessed Valuation Certificate for the Village's Downtown TIF District shall be obtained from the office of said County Clerk.

**SECTION 5:** This Ordinance shall be in full force and effect from and after its adoption and approval as provided by law.

Passed on first reading this \_\_\_\_ day of \_\_\_\_\_, 2011.

First reading waived by action of the Board of Trustees this 15<sup>th</sup> day of September, 2011.

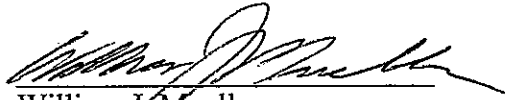
Passed on second reading this 15<sup>th</sup> day of September, 2011.

Ayes: Trustees Gron, Giagnorio, Wilson, Breen, Fitzpatrick and Ware

Nays: None

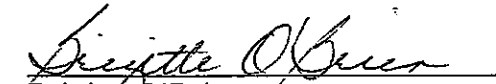
Absent: None

Approved this 15<sup>th</sup> day of September, 2011.



William J. Mueller  
Village President

ATTEST:

  
Brigitte O'Brien  
Village Clerk

## Exhibit A

### **Redevelopment Project Area for the Lombard Downtown Tax Increment Financing District**

#### **Legal Description**

LOTS 1 AND 2 OF THE RESUBDIVISION OF LOT 6 OF BLOCK 27 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3 AND 4 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, THE NORTH 25 FT. OF LOT 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 AND 21 IN CAVERNO'S SUBDIVISION, LOT 1 IN LOMBARD BIBLE CHURCH CONSOLIDATION PLAT, LOTS 1, 2, 3, 4 AND 5 IN OWNER'S SUBDIVISION IN BLOCK 18 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, 4, 5, 6 AND 7 IN BLOCK 11 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 8, 9, 10, 11 AND 12 IN J.B. HULL'S SUBDIVISION OF PART OF BLOCK 11 AND PART OF OUTLOT 4 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 7, 8, 9, 12, 13, 14, 15, 16, 17 AND 18 OF GROVE PARK SUBDIVISION, LOTS 2, 3, 4, 5, 6, 19, 20, 21, 22, 23, 24, 25, 26, 27 AND 28 IN GROVE PARK SUBDIVISION, LOTS 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN GROVE PARK SUBDIVISION FIRST ADDITION, LOTS 11 AND 12 IN W.H. MAPLE'S SUBDIVISION, LOTS 3, 4, 5, 6, 7, 8, 9, 10 AND 11 IN BLOCK 10 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2 AND 3, IN THE SUBDIVISION OF OUTLOT 10 IN THE ORIGINAL TOWN OF LOMBARD, LOT 1 OF THE BELFAST CONSOLIDATION PLAT, LOTS 1, 2, 4 AND 5 OF BLOCK 19 IN THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, 4, 5, 6, 7 AND 8, OF J.B. HULL'S SUBDIVISION OF LOT 3 OF BLOCK 19 OF THE ORIGINAL TOWN OF LOMBARD, LOT 43 EXCEPTING THE NORTH 20 FEET THEREOF IN ORCHARD SUBDIVISION, LOTS 1 AND 2 OF TIMKE'S RESUBDIVISION, ALL OF PARK MANOR CONDOMINIUM, INCLUDING ALL CHICAGO & NORTHWESTERN RAILROAD RIGHT-OF-WAY AND ALL PUBLIC RIGHTS-OF-WAY ADJACENT TO THE ABOVE-DESCRIBED PROPERTY ALL BEING IN THE NORTHEAST QUARTER OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN IN DUPAGE COUNTY, ILLINOIS.

OF THAT PART OF BLOCK 22 OF THE ORIGINAL TOWN OF LOMBARD DESCRIBED BY BEGINNING AT A POINT ON THE EAST LINE OF MAIN STREET, 499.0 FEET NORTH OF THE SOUTHWEST CORNER OF SAID BLOCK 22 AND RUNNING THENCE EASTERLY TO A POINT ON THE CENTER LINE OF SAID BLOCK 22 THAT IS 386.6 FEET TO THE SOUTHERLY LINE OF SAID PARKSIDE AVENUE; THENCE SOUTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID PARKSIDE AVENUE TO THE EAST LINE OF MAIN STREET; THENCE SOUTH ON THE EAST LINE OF MAIN STREET, 291.85 FEET TO THE PLACE OF BEGINNING, LOTS 1, 2 AND 3 IN JAMES' SUBDIVISION OF PART OF BLOCK 22 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 28, 29, 30 AND 31 OF PART OF BLOCK 22 IN N. MATSON & OTHERS RESUBDIVISION, LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 AND 13 IN BLOCK 17 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 AND 14 IN BLOCK 16 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, THE EAST ½ OF LOT 3, LOTS 7, 8, 9, 10, 11, 12, 13, 14, 15,



16, 17 AND 18 IN BLOCK 12 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, 5, 6, 7, 8, 9, 10, 12, 13, 14 AND 15 IN BLOCK 18 OF H.O. STONE & COMPANY'S ADDITION TO LOMBARD, LOMBARD TOWER CONDOMINIUMS, CHARLOTTE-GARFIELD CONDOMINIUMS, INCLUDING ALL CHICAGO & NORTHWESTERN RAILROAD RIGHT-OF-WAY AND ALL PUBLIC RIGHTS-OF-WAY ADJACENT TO THE ABOVE-DESCRIBED PROPERTY ALL BEING IN THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALL IN DUPAGE COUNTY, ILLINOIS.

**Redevelopment Project Area for the  
Lombard Downtown Tax Increment Financing District**

**Legal Description**

(as revised to take into account consolidations and  
resubdivisions since the formation of the TIF District in 1989)

LOTS 1 AND 2 OF THE RESUBDIVISION OF LOT 6 OF BLOCK 27 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3 AND 4 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, THE NORTH 25 FEET OF LOTS 4, 6, 7, 8, 9, 10, 11, 12, 13 AND 14 IN CAVERNO'S SUBDIVISION, LOT 1 IN LOMBARD BIBLE CHURCH CONSOLIDATION PLAT, LOT 1 IN THE VILLAGE OF LOMBARD MAPLE STREET PLAT OF CONSOLIDATION, LOTS 1, 2, 3, 4 AND 5 IN OWNER'S SUBDIVISION IN BLOCK 18 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, 4, 5, 6 AND 7 IN BLOCK 11 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 3, 4, 5, 6, 7 AND 11 IN BLOCK 10 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN GROVE PARK SUBDIVISION 1ST ADDITION, LOTS 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 AND 28 IN GROVE PARK SUBDIVISION, LOTS 1 AND 2 IN TIMKE'S RESUBDIVISION, LOTS 1, 2, 3, 4 AND 5 IN GROVE STREET ASSESSMENT PLAT, LOT 1 OF THE BELFAST CONSOLIDATION PLAT, LOT 43 EXCEPTING THE NORTH 20 FEET THEREOF IN ORCHARD SUBDIVISION, ALL OF THE LINCOLN TERRACE CONDOMINIUM, LOTS 1, 2 AND 3 IN THE SUBDIVISION OF OUTLOT 10 IN BLOCK 19 IN THE ORIGINAL TOWN OF LOMBARD, LOTS 4 AND 5 OF BLOCK 19 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 5, 6 AND 7 OF J.B. HULL'S SUBDIVISION OF LOT 3 OF BLOCK 19 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1 AND 2 OF BLOCK 19 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2 AND 3 IN ZITTS RESUBDIVISION, LOT 2 IN PARK VIEW POINTE RESIDENTIAL CONDOMINIUM, ALL OF PARK VIEW POINTE COMMERCIAL CONDOMINIUM, LOT 1 IN PARK VIEW POINTE RESUBDIVISION, LOTS 8, 9, 10 AND 11 IN J.B. HULL'S SUBDIVISION PART OF BLOCK 11 AND PART OF OUTLOT 4 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 10 AND 11 IN PARK MANOR CONDOMINIUM, ALL CHICAGO & NORTHWESTERN RAILROAD RIGHT-OF-WAY AND ALL PUBLIC RIGHTS-OF-WAY ADJACENT TO THE ABOVE-DESCRIBED PROPERTY ALL BEING IN THE NORTHEAST QUARTER OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN IN DUPAGE COUNTY, ILLINOIS.

OF THAT PART OF BLOCK 22 OF THE ORIGINAL TOWN OF LOMBARD DESCRIBED BY BEGINNING AT A POINT ON THE EAST LINE OF MAIN STREET, 499.0 FEET NORTH OF THE SOUTHWEST CORNER OF SAID BLOCK 22 AND RUNNING THENCE EASTERLY TO A POINT ON THE CENTER LINE OF SAID BLOCK 22 THAT IS 386.6 FEET TO THE SOUTHERLY LINE OF SAID PARKSIDE AVENUE; THENCE SOUTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID PARKSIDE AVENUE TO THE EAST LINE OF MAIN STREET; THENCE SOUTH ON THE EAST LINE OF MAIN STREET, 291.85 FEET TO THE PLACE OF BEGINNING, LOTS 1, 2 AND 3 IN JAMES' SUBDIVISION OF PART OF BLOCK 22 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 28, 29, 30 AND 31 OF PART OF BLOCK 22 IN N. MATSON & OTHERS RESUBDIVISION, LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 AND 13 IN BLOCK 17 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 AND 14 IN BLOCK 16 OF THE ORIGINAL TOWN OF LOMBARD, LOTS 1, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN BLOCK 12 OF THE ORIGINAL TOWN OF LOMBARD, REGENCY GROVE CONDOMINIUMS, LOTS 1, 2, 3, 5, 6, 7, 8, 9, 10, 12, 13, 14 AND 15 IN BLOCK 18 OF H.O. STONE & COMPANY'S ADDITION TO LOMBARD, LOMBARD TOWER CONDOMINIUMS, CHARLOTTE-GARFIELD CONDOMINIUMS, INCLUDING ALL CHICAGO & NORTHWESTERN RAILROAD RIGHT-OF-WAY AND ALL PUBLIC RIGHTS-OF-WAY ADJACENT TO THE ABOVE-DESCRIBED PROPERTY ALL BEING IN THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN ALL IN DUPAGE COUNTY, ILLINOIS.

**Exhibit B**

**Deleted Parcel**

**PARCEL 1:**

UNIT NO. 227, IN PARK AVENUE CONDOMINIUM NO. 1, AS DELINEATED ON THE SURVEY OF CERTAIN LOTS OR PARTS THEREOF IN FIRST ADDITION TO GROVE PARK SUBDIVISION, ALSO CERTAIN LOTS OR PARTS THEREOF IN ORIGINAL TOWN OF LOMBARD, ALSO CERTAIN LOTS OR PARTS THEREOF IN W.H. MAPLES SUBDIVISION, AND CERTAIN VACATED STREETS ADJACENT THERETO, IN SECTION 7, TOWNSHIP 39 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED JUNE 16, 2003 AS DOCUMENT R2003-225259, IN DUPAGE COUNTY, ILLINOIS, TOGETHER WITH AN UNDIVIDED 0.526% INTEREST IN THE COMMON ELEMENTS APPURTENANT TO SAID UNIT, AS SET FORTH IN SAID DECLARATION, IN DUPAGE COUNTY, ILLINOIS.

**PARCEL 2:**

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE NOS. 165 AND 166, A LIMITED COMMON ELEMENT AS DEPICTED IN THE DECLARATION OF CONDOMINIUM RECORDED JUNE 16, 2003 AS DOCUMENT R2003-225259.

P.I.N.: 06-07-228-057.

Common Address: 150 W. St. Charles Road, Unit 227, Lombard, Illinois 60148.

LOMBARD DOWNTOWN TIF DISTRICT

9/19/11 MAILING OF THE

NOTICE OF ADOPTION OF  
AN ORDINANCE DELETING CERTAIN PROPERTY  
FROM THE REDEVELOPMENT PROJECT AREA FOR THE  
LOMBARD DOWNTOWN TAX INCREMENT FINANCING (TIF) DISTRICT

TO: SERVICE LIST #1 – TAXING DISTRICTS

7010 1870 0001 7813 2187


**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pr	Village of Lombard	
Sent To	255 E. Wilson Ave.	
Street, Apt or PO Box	Lombard, IL 60148	
City, State		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JESUS CORONA</u> C. Date of Delivery <u>9/20/11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>RETURN RECEIPT REQUESTED</b></p>
<p>1. Article Addressed to:</p> <p>Village of Lombard 255 E. Wilson Ave. Lombard, IL 60148</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1870 0001 7813 2187</p>

7010 1870 0001 7813 2170

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post: College of DuPage  
 Community College District 502  
 425 Fawell Blvd.  
 Glen Ellyn, IL 60137

Sent To  
 Street, Apt. 1 or PO Box N  
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 County of DuPage  
 Attn: County Clerk  
 421 N. County Farm Rd.  
 Wheaton, IL 60187

2. Article Number (transfer from service label)  
 7010 1870 0001 7813 2163  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]*  Date of Delivery *[Date]*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0001 7813 2163

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post: County of DuPage  
 Attn: County Clerk  
 421 N. County Farm Rd.  
 Wheaton, IL 60187

Sent To  
 Street, Apt. or PO Box  
 City, State.

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

College of DuPage  
 Community College District 502  
 425 Fawell Blvd.  
 Glen Ellyn, IL 60137

2. Article Number (transfer from service label)  
 7010 1870 0001 7813 2170  
 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]*  Agent  Addressee
- B. Received by (Printed Name) *[Name]*  Date of Delivery *[Date]*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3811, February 2004

102595-02-M-1540

7010 1870 0001 7813 2095

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Pk: DuPage Airport Authority  
 2700 International Drive  
 Suite 200  
 West Chicago, IL 60185

Sent To: \_\_\_\_\_  
 Street, Apt. or PO Bo. \_\_\_\_\_  
 City, State \_\_\_\_\_

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Jon Rathne*

B. Received by (Printed Name)  
 Jon Rathne 192011

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7010 1870 0001 7813 2088

Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 DuPage County Elementary  
 School District #44  
 150 W. Madison St.  
 Lombard, IL 60148

7010 1870 0001 7813 2088

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Pk: DuPage County Elementary  
 School District #44  
 150 W. Madison St.  
 Lombard, IL 60148

Sent To: \_\_\_\_\_  
 Street, Apt. or PO Bo. \_\_\_\_\_  
 City, State \_\_\_\_\_

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

DuPage Airport Authority  
 2700 International Drive  
 Suite 200  
 West Chicago, IL 60185

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Anna Malara*

B. Received by (Printed Name)  
 Anna Malara-2011

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7010 1870 0001 7813 2095

Domestic Return Receipt 102595-02-M-1540

7010 1670 0001 7813 2125

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Pos **DuPage County Health Dept.**  
**111 N. County Farm Rd.**  
**Wheaton, IL 60187**

Sent To \_\_\_\_\_  
 Street, Apt. or PO Box \_\_\_\_\_  
 City, State, \_\_\_\_\_

PS Form 3800, August 2006. See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Sharon Hill*  Agent  Addressee

B. Received by (Printed Name) *Sharon Hill* C. Date of Delivery *7/20/11*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**RETURN RECEIPT  
REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (transfer from service label) **7010 1670 0001 7813 2125**

PS Form 3811, February 2004. Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**DuPage County**  
**High School District #87**  
**596 Crescent Blvd.**  
**Glen Ellyn, IL 60137**

7010 1670 0001 7813 2125

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Pos **DuPage County**  
**High School District #87**  
**596 Crescent Blvd.**  
**Glen Ellyn, IL 60137**

Sent To \_\_\_\_\_  
 Street, Apt. or PO Box \_\_\_\_\_  
 City, State \_\_\_\_\_

PS Form 3800, August 2006. See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**DuPage County Health Dept.**  
**111 N. County Farm Rd.**  
**Wheaton, IL 60187**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Sharon Hill*  Agent  Addressee

B. Received by (Printed Name) *Sharon Hill* C. Date of Delivery *7/20/11*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**RETURN RECEIPT  
REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label) **7010 1670 0001 7813 2071**

PS Form 3811, February 2004. Domestic Return Receipt 102595-02-M-1540

7010 1870 0001 7813 2118

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total F

Sent To

Street, or PO B.  
City, Sta

DuPage Water Commission  
 600 E. Butterfield Rd.  
 Elmhurst, IL 60126

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Forest Preserve District  
 of DuPage County  
 3 S 580 Naperville Rd.  
 Wheaton, IL 60187

2. Article Number (Transfer from service label) 7010 1870 0001 7813 2101

PS Form 3811, February 2004 Domestic Return Receipt

7010 1870 0001 7813 2101

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total I

Sent To

Street, or PO B.  
City, Sta

Forest Preserve District  
 of DuPage County  
 3 S 580 Naperville Rd.  
 Wheaton, IL 60187

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**SEP 20 2011 RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

DuPage Water Commission  
 600 E. Butterfield Rd.  
 Elmhurst, IL 60126

2. Article Number (Transfer from service label) 7010 1870 0001 7813 2118

PS Form 3811, February 2004 Domestic Return Receipt



7010 1870 0001 7813 2156

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total P: Helen M. Plum Library District  
 110 W. Maple  
 Lombard, IL 60148

Sent To: \_\_\_\_\_  
 Street, Apt or PO Box  
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

**RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label): 7010 1870 0001 7813 2149

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7010 1870 0001 7813 2149

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total P: Lombard Park District  
 227 W. Parkside  
 Lombard, IL 60148

Sent To: \_\_\_\_\_  
 Street, Apt or PO Box  
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

**RETURN RECEIPT REQUESTED**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:  
 Helen M. Plum Library District  
 110 W. Maple  
 Lombard, IL 60148

2. Article Number (Transfer from service label): 7010 1870 0001 7813 2156

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

7010 1870 0001 7813 2132

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

York Township Highway Dept.  
19 W 475 Roosevelt Rd.  
Lombard, IL 60148

2. Article Number  
(Transfer from service label)

7010 1870 0001 7813 2064

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7010 1870 0001 7813 2132

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Sharon Kuderna*  Agent  Addressee

B. Received by (Printed Name) *SHARON KUDERNA* C. Date of Delivery *9-20-11*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below.

**RETURN RECEIPT  
REQUESTED**

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7010 1870 0001 7813 2064

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		York Township Highway Dept. 19 W 475 Roosevelt Rd. Lombard, IL 60148
Sent To		
Street, A or PO B		
City, Sta		

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

York Township  
1502 S. Meyers Rd.  
Lombard, IL 60148

2. Article Number  
(Transfer from service label)

7010 1870 0001 7813 2132

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Sharon Kuderna*  Agent  Addressee

B. Received by (Printed Name) *DIANE ARURI* C. Date of Delivery *9-20-11*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

**RETURN RECEIPT  
REQUESTED**

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes