



TIF Triangle ~ Interested Party Registration

Representing: Self Organization: _____

Name: _____ Phone: _____

Mailing Address: _____

E-mail address: _____

Note: if you are representing an organization or business, please attach a letter authorizing your representation and your relationship to that organization or business.

Return completed registration forms to:

- Via Mail or in Person: Village Hall, 101 N. Main Street Wauconda, Ill 60084
- Via Email: cmiller@wauconda-il.gov