



City of Chicago
Richard M. Daley, Mayor

Department of Zoning

Patricia Scudiero
Zoning Administrator

City Hall, Room 905
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3508
(312) 744-6552 (FAX)
(312) 744-2950

CHECK OWNERSHIP / REFUND AFFIDAVIT

DATE: _____

TO: Patricia Scudiero
Zoning Administrator
Department of Zoning

FROM: _____

I am depositing this check of \$ _____ for the landscape project located at : _____ pursuant to the Landscape Security and Right of Entry Agreement mandated by the Chicago Landscape Ordinance.

This check is from : _____ (Owner). Upon completion of the landscaping project, I will send a written notification seeking a full refund of the security deposit payable to company / owner of the check at the below referenced address:

Tel: _____

I affirm that the aforementioned is true and accurate.

Sincerely,

(Signature)

