

OFFICE OF CITY CLERK SUSANA A. MENDOZA CITY OF CHICAGO

AFFIDAVIT

Lost: Never Received Original Sticker

Date:			
To whom it may con	cern:		
This affidavit is to ce	ertify records by the C	City of Chicago, (Office of the City Clerk.
Licensee: _			
Address:			
	(STREET)		(UNIT #)
	Chicago, IL		_
		(ZIP)	
Year of Vehicle:		Make/Model:	
License Plate Nu	mber:		-
Vehicle Iden	ntification Number (VIN):	
Residential Parking Zone#:			Total Price Paid: \$
I,			
hereby declare that original sticker #			
and is presumed lost.	. I understand that s	hould the origina	l sticker be located, I am required to
•			•
return the sticker to the City of Chicago, City Clerk, Refund Division.			
Presi ostAff 7/13		Applicant Signature	