

**VILLAGE OF BOLINGBROOK  
SELF-STORAGE FACILITY REGISTRATION FORM**

**Date** \_\_\_\_\_

**Bolingbrook Business Name** \_\_\_\_\_

**Bolingbrook Business Address** \_\_\_\_\_

**Corporate Name** \_\_\_\_\_

**Business License Number** \_\_\_\_\_

**IBT Number (Income Before Taxes)** \_\_\_\_\_

**Prepared By (Print Name)** \_\_\_\_\_

**Contact phone** \_\_\_\_\_

**Contact email address** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM AND ACKNOWLEDGEMENT TO:**

Village of Bolingbrook  
Finance Director's Office  
375 W. Briarcliff Road  
Bolingbrook, IL 60440  
Attn: Self-Storage Facility Registration Form

My signature on this document confirms that I have received the form and understand the requirements and expectations outlined in the Village of Bolingbrook Self-Storage Facility Tax.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_