BARRINGTON
Be Inspired

Application for Inclusion in the Village of Barrington
TIF Interested Parties Registry
INDIVIDUAL

Name: _____

Address: _____

Phone: _____

E-mail: _____

Description of documentation attached hereto to show residency within the Village of Barrington: _____
_____
_____
_____
_____

Information requested in regard to:

____ All TIF Districts
____ Only the following TIF Districts:

_____

_____

Date: _____

_____
Signature of Applicant