BARRINGTON
Be Inspired

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

Name of Organization: _____

Address: _____

Name of Contact Person: _____

Phone: _____

E-mail: _____

Description of Organization's current activities in the Village of Barrington (attached separate sheet if necessary): _____
_____
_____
_____
_____

Information requested in regard to:

____ All TIF Districts
____ Only the following TIF Districts:

_____

_____

Applicant's Name: _____

Relationship to Organization: _____

Date: _____

_____
Signature of Applicant