## ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

300 West Adams Street, Suite 200 Chicago, Illinois 60606-3997 (312) 793-8550 FAX: (312) 793-8422

## MOTOR VEHICLE THEFT PREVENTION TRUST FUND

## **INSURER WORKSHEET**

**INSTRUCTIONS:** Payment for calendar year 2013 must be received by the Council by **April 1, 2014**. Complete the following information even if no fee is due. Please type or print and follow the instructions presented on the reverse side of this form.

presented on the reverse side of this form.					
INSURANCE COMPANY NAME					FEIN NUMBER
				<u> </u>	
STREET ADDRESS					
CITY				STATE	ZIP CODE
					L FEE DUE
	(round to a				arest whole dollar)
		x \$1.00			
NAME OF OFFICIAL COMPLETING WORKSHEET					TITLE
SIGNATURE OF OFFICIAL COMPLETING WORKSHEET					DATE
	TELEPHONE NUMBER EMAIL ADDRESS TO SEND NEXT YEAR'S FORMS				
	TELEPHONE NUMBER	EMAIL ADDI	KESS IU SEI	ND NEXT Y	EAR S FURINS

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