## ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

300 West Adams Street, Suite 700 Chicago, Illinois 60606-3997 (312) 793-8550 FAX: (312) 793-8422

## MOTOR VEHICLE THEFT PREVENTION TRUST FUND

## **INSURER WORKSHEET**

**INSTRUCTIONS:** Payment for calendar year 2009 must be received by the Council by **April 1, 2010**. 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	
STREET ADDRESS					
CITY			STATE	ZIP CODE	
TOTAL EARNED CAR YEARS x \$1.00			TOTAL FEE DUE (round to nearest whole dollar)		
	• • • •				
	x \$1.00				
NAME OF OFFICIAL COMPLETING WORKSHEET				TITLE	
SIGNATURE OF OFFICIAL COMPLETING WORKSHEET				DATE	
TELEPHONE NUMBER			FAX NUMBER (optional)		

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