



**DEPARTMENT OF PLANNING AND DEVELOPMENT
CITY OF CHICAGO**

LANDSCAPE DEPOSIT REFUND REQUEST FORM

Submit only if your project has passed landscape inspection.

Date of Request: _____ Phone #: _____ Email: _____

Project Address: _____

Business (should match remitter name on check): _____

Remitter name on deposit: _____

Current mailing address: _____

City: _____ State: _____ Zip: _____

FEIN (Remitter name on check): _____ SS (Remitter name): _____

Type of landscape deposit on file:

<input type="checkbox"/> Letter of Credit	Amount if known (otherwise leave blank)	_____
<input type="checkbox"/> Cashier's Check	Amount if known (otherwise leave blank)	_____

The following documentation to be attached:

<input type="checkbox"/> Compliant landscape inspection form signed and issued by DPD

Note: Remitter name must match the name on deposit check. FEIN or SS and address must match remitter name. Failure to do so will result in a delay to your refund.

<p>I _____, certify that the information supplied in this document is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. Any false statement will subject the property owner to potential penalties under the City of Chicago False Statement Ordinance per Section 1-21-010.</p> <p>Signature: _____</p>
