

COCLRK@WILLCOUNTY.GOV 815-740-4615 FAX: 815-740-4699

CERTIFICATION OF TAX LEVY

I, the undersign	ned, duly quali	ified and acting
of		Will County, Illinois, do hereby
certify that the	attached Tax	Levy filed with the Will County Clerk on
	, 20	is a true and correct copy of the Tax Levy of said
District.		
		Date:
		Signature (Name and Title)