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 2008 is due by <u>April 1, 2009</u>. 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.

INSURANCE COMPANY NAME				FEIN NUMBER	
	STREET ADDR	ESS			
CITY			STATE	ZIP CODE	
TOTAL EARNED CAR YEARS x \$1.00			TOTAL FEE DUE		
	·		(round to nea	rest whole dollar)	
	x \$1.00				
NAME OF OFFICIAL COMPLETING WORKSHEET				TITLE	
SIGNATURE OF OFFICIAL COMPLETING WORKSHEET				DATE	
TELEPHONE NUMBER			FAX NUMBER (opt	ional)	

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