

15440 CENTRAL AVENUE
OAK FOREST IL 60452-2104



TELEPHONE: 708-687-4050
FAX: 708-687-8817

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TOWING ADMINISTRATIVE FEE MONTHLY REMITTANCE FORM

Name: _____

Address: _____

Phone No.: _____

Number of Tows: _____

Remittance Amount (Number of Tows times (x) \$25.00): _____

I hereby certify under penalty of law that the above information represents the receipts
for the _____ **Towing Administrative Fee**
BUSINESS NAME
and the appropriate remittance for the month of _____, 20_____.

Signature: _____

Printed Name: _____

Date: _____

Mail this completed form and your check for the remittance amount on or before the 15th of
the month following the reported month to:

City of Oak Forest
Attn: Clerk's Office
15440 South Central Avenue
Oak Forest IL 60452-2195

IF THERE ARE ANY QUESTIONS OR YOU NEED ADDITIONAL FORMS THEY CAN BE DOWNLOADED FROM OUR WEBSITE
AT WWW.OAK-FOREST.ORG.