

**WPB SSA #33 District Safety Rebate Program  
APPLICATION**

Project Address:

\_\_\_\_\_ Chicago, IL 606\_\_\_\_\_

Business or Residence (circle one)

If business, list business name here:

\_\_\_\_\_

Applicant Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
Daytime phone Evening phone

\_\_\_\_\_  
Email address

Rent or Own (circle one)

If rent, list property owner contact information here:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
Daytime phone Evening phone

\_\_\_\_\_  
Email address

**Project Information**

Is this project being requested as the result of a crime \_\_\_\_\_

If yes, was a police report filled out \_\_\_\_\_

Type of neighborhood safety measure (circle all applicable)

*Security camera installation*

*Graffiti prevention (anti-graffiti film)*

*Glass repair (graffiti, etching, etc.)*

*Glass replacement*

*Glass anti-smash upgrades*

*Exterior lighting*

*Describe the project in your own words:*

Size of damage to be repaired (if applicable): \_\_\_\_\_ sq. ft.

Size and number of windows to be repaired or replaced (if applicable):  
\_\_\_\_\_

Size of window(s) where anti-graffiti or anti-smash film will be installed (if applicable): \_\_\_\_\_ sq. ft.

Contact information of vendor selected to conduct work:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Evening phone

\_\_\_\_\_  
Email address

Please attach the following to this application:

1. Copy of bid provided by selected vendor.

2. If property owner is not the applicant, written consent from property owner to conduct the proposed work.
3. In the case of a crime (vandalism, burglary, etc.), a police report
4. **You must include a W-9 form whether applying for the rebate as an individual or a business.** Available for download here:  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

APPLICANT RELEASES AND AGREES TO DEFEND AND INDEMNIFY THE LOCAL SSA SERVICE PROVIDER (TOGETHER WITH THEIR OFFICERS, DIRECTORS, AND AGENTS), THE LOCAL SSA COMMISSION, AND THE CITY OF CHICAGO FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND (KNOWN OR UNKNOWN) IN CONNECTION WITH THIS NEIGHBORHOOD SAFETY REBATE PROGRAM.

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Applicant (please print name)

Date

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Signature

Please submit this application and attachments to:

Wicker Park Bucktown Chamber of Commerce  
Attn: District Safety Rebate Program  
1414 N. Ashland Ave  
Chicago, IL 60622

For more information, call or email:

773.384.2672  
[info@wickerparkbucktown.com](mailto:info@wickerparkbucktown.com)