CERTIFICATE REIMBURSEMENT REQUEST FORM

Business Name: _____

Mailing Address: _____

_____

Contact Name: _____

Phone/Email: _____

Date: _____

Return before 05/31/21 to Village Hall. Retain a copy for your records.

Village of Libertyville
Village Hall
118 W Cook Avenue
Libertyville, IL 60048

CERTIFICATE #	VALUE OF PURCHASE		AMOUNT OF REIMBURSEMENT ($25 per certificate unless purchase was valued less)
		TOTAL REIMBURSEMENT	

Submitted by: _____

NOTE:

- *Stores may not accept Certificates from customers after they expire on 2/28/21.*
- *Reimbursement requests may be submitted anytime and on more than one occasion, however no reimbursement will* be *issued for requests after 5/31/21.*
- *Include certificates with request form. Complete back of certificates.*
- *Reimbursement check will be mailed within 30 days of receipt.*
- *Village reserves the right to audit business reimbursement requests.*

THANK YOU FOR SUPPORTING THE SHOP LIBERTYVILLE EFFORT

QUESTIONS??? Please contact Heather Rowe or Lacey Benedeck (847) 362-2430.