



# Relocator Contract Summary Form

Contract # \_\_\_\_\_

I, \_\_\_\_\_, am the owner/property manager of

\_\_\_\_\_  
(Address) (City)

\_\_\_\_\_  
(County) Illinois (Zip Code)

and I hereby authorize \_\_\_\_\_  
(Licensed Commercial Vehicle Relocator) (RTV-R#)

to remove all illegally parked vehicles from:

\_\_\_\_\_  
(Address) (City)

\_\_\_\_\_  
(County) Illinois (Zip Code)

which is owned by \_\_\_\_\_ who is located at

\_\_\_\_\_  
(Address) (City)

\_\_\_\_\_  
(County) Illinois (Zip Code)

The property is: \_\_\_\_\_  
(Description of Property)

This contract is a CALL \_\_\_\_\_ PATROL \_\_\_\_\_ OTHER \_\_\_\_\_

This private property is located \_\_\_\_\_ miles from the relocator's address to which the illegally parked vehicles will be routinely relocated.

The private property is in an \_\_\_\_\_ incorporated \_\_\_\_\_ unincorporated area

Was this private property previously under contract with another relocator: \_\_\_\_\_ No \_\_\_\_\_ Yes Relocator \_\_\_\_\_

This contract may be cancelled only on ten (10) days notice by either party. That notice must subsequently be given to the Illinois Commerce Commission.

Authorized agent/s of the property.

Name \_\_\_\_\_ Name \_\_\_\_\_

Effective Date of the Contract \_\_\_\_\_

Property Owner's: \_\_\_\_\_  
(Name) (Signature) (Date)

Relocator's: \_\_\_\_\_  
(Name) (Signature) (Date)

This form is required for compliance with 625 ILCS 5/18a-100 et seq.

Missing or inaccurate information will render this form invalid and it will not be accepted by the Commission.