



DEPARTMENT OF PLANNING AND DEVELOPMENT
CITY OF CHICAGO

DATE: _____

OFFICE OF THE ZONING ADMINISTRATOR
LANDSCAPE SECURITY DEPOSIT RECEIPT

PROJECT ADDRESS: _____

RECEIVED FROM - PRINT _____

SIGN _____

AMOUNT: _____

TYPE OF DEPOSIT: _____ Letter of Credit OR _____ Cashier's Check

Reference Number: _____

AS A DEPOSIT TO BE HELD BY THE CITY OF CHICAGO IN COMPLIANCE WITH THE
LANDSCAPING SECURITY AND RIGHT OF ENTRY AGREEMENT.

BOTTOM TO BE FILLED OUT BY PLAN EXAMINER

PRINT _____

SIGN _____