



Finance Department • 102 N Neil St • Champaign IL 61820 • (217) 403-8940 • fax (217) 403-8995 • www.ci.champaign.il.us

RELOCATOR REGISTRATION FORM

EFFECTIVE DATE _____ EXPIRATION DATE _____

FEE: \$25.00 ANNUAL REGISTRATION FEE

COMPANY NAME: _____

COMPANY ADDRESS: _____
address city state zip

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____ @ _____

ILLINOIS COMMERCE COMMISSION PUBLIC CARRIER CERTIFICATE # _____

STORAGE COMPOUND WHERE TOWED VEHICLES WILL BE KEPT:

_____ address city state zip

VEHICLE DESCRIPTION: (Attach additional sheet(s) if necessary):

year make model type gross weight rating vin # license plate # plate exp

year make model type gross weight rating vin # license plate # plate exp

COMPANY OWNER'S NAME: _____

OWNER'S ADDRESS: _____
address city state zip

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____ @ _____

Attach a **list of fees charged**.

Attach a **certificate of insurance** showing the following coverage:

General liability of \$1,000,000, auto liability of \$1,000,000 per occurrence & \$100,000 on hook for the above vehicles, Garage keepers liability of \$1,000,000 per occurrence, workers' comp statutory limits, employer's liability \$100,000 per occurrence. City of Champaign should be listed as an additional insured on the general liability policy on a primary and non-contributory basis.

Approved: _____ Date: _____

Traffic Services Officer