



## **SAMPLE "CARE OF" LETTER**

CityKey

| <b>AGFN</b>      | CVI    | CTTC | DUE | AD  |
|------------------|--------|------|-----|-----|
| $\Delta (J - I)$ | L. Y / | rir  | KMF | AIJ |

| DAIE |
|------|
|------|

TO: Office of the City Clerk

RE: Chicago CityKey, City of Chicago Municipal ID Program

|  | ard (the "CityKey"). I am an ex    | egarding Applicant's application for a secutive-level official (or designee) at the |
|--|------------------------------------|---|
|  |                                    |   |
| Organization Type: <sup>2</sup>          |                                    |   |
| I further confirm that Applican          | t has either:                      |   |
| $\square$ resided at the Organization fo | or at least 15 days, on the follow | ing dates:;   |
|  | OR                                 |   |
| received services from the Or            | ganization on the following date   | e(s):;  |
| Thank you,                               |                                    |   |
| Signature                                | Printed Name                       |   |
| <br>Date                                 |                                    | Email Address   |

<sup>&</sup>lt;sup>1</sup>Note: This letter must be submitted to the Office of the City Clerk within 30 days after the date signed.

<sup>&</sup>lt;sup>2</sup> Note: Please list whether the organization is a hospital, health clinic, social services agency, shelter, or a religious organization.