

**Certification of Compliance with Publication  
Requirements For Fiscal Years Ending in 2008 for  
2009 Distributions**

**Important Note: This form must be completed and returned ASAP to receive future tax distributions.**

I, \_\_\_\_\_, the public officer whose official duties include receiving all or any part of property tax distributions from the county collector, the county treasurer or the township collector for \_\_\_\_\_ (Name of Agency), certify to the County Treasurer, County Collector, and Township Collector the following for fiscal year ended during 2008:

**Please complete one of the following boxes:**

**I complied with the following:**

\_\_\_\_\_ Public Funds Statement Publication Act. (30 ILCS 15/)  
(All districts except Schools and Municipalities)

Fiscal Year End Date \_\_\_\_\_ Date Published \_\_\_\_\_, or

\_\_\_\_\_ Municipal Treasurer's Duties (65 ILCS 5/3.1-35-65)  
For Municipalities)

Fiscal Year End Date \_\_\_\_\_ Date Published or Posted \_\_\_\_\_

**I have not complied with the following requirements yet, but will comply by the following dates:**

\_\_\_\_\_ Public Funds Statement Publication Act. (30 ILCS 15/)  
(All districts except Schools and Municipalities)

Fiscal Year End Date \_\_\_\_\_ Date Published by \_\_\_\_\_, or

\_\_\_\_\_ Municipal Treasurer's Duties (65 ILCS 5/3.1-35-65)  
(For Municipalities)

Fiscal Year End Date \_\_\_\_\_ Date Published or Posted by \_\_\_\_\_

**I do not have to comply with the publication requirements because I am statutorily exempted from the requirement as stated in the following statutory reference:**

\_\_\_\_\_ School Districts (30 ILCS 15/4a)

\_\_\_\_\_ Other Statute (Please provide Statutory Reference)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Return this form to:  
By: ASAP**

**Sangamon County Treasurer  
200 S. Ninth, Room 102  
Springfield, IL 62701  
Fax: 753-6837**