

For FRSA Use:
Log # _____
Date: _____

Four Rivers Sanitation Authority
Engineering Dept.
3501 Kishwaukee Street
Rockford, Illinois 61109
Schedule T – Trust Disclosure

- A. Trust Number: _____
B. Trustee: Name _____
Address: _____

C. Complete the following information for each beneficiary of the trust.

NAME	ADDRESS	DEFINED INTEREST
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

D. I / We hereby certify that the above is a true and accurate disclosure of the names, addresses and defined interest of each and every beneficiary of the above indicated trust as required under IL. Rev. Stat., Chap. 1348, Par. 72.

Signature _____

Title _____

(Disclosure must be signed by a
beneficiary, trustee, or trust officer)

Date _____

This Agency is authorized to require this information under Illinois Compiled Statutes, 1998, Chapter 415, Title X, Section 5/39 et seq.. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied.