



**NORTH PARK  
UNIVERSITY**  
CHICAGO

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Date

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Current License Plate Number

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Registered Owner's Name

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Address

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City

State

ZIP

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Daytime Telephone Number (8am-4:30pm)

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Signature

**Please enclose \$10**

**Check #** \_\_\_\_\_

**Mail your payment to:**

Special Plates Initial Deposit  
501 South 2nd Street  
Room 520  
Springfield, IL 62756

**Or to pay by credit card:**

Call the state at 217-785-4949