

# Visitor Pass Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of Booklets Requested: \_\_\_\_\_ x \$5.00 each= \$ \_\_\_\_\_

Please submit payment with application. This can be either mailed to Berwyn City Hall, Attn: Collector's Dept., 6700 W. 26th St., Berwyn, IL 60402 or placed in the drop box at the entrance of Berwyn City Hall. The visitor passes will be mailed to your residence.