

ANNUAL ENHANCED ENTERPRISE ZONE ACTIVITY AND STATUS REPORT

FOR REPORTING PERIOD JULY 1, 2022 TO JUNE 30, 2023

NAME OF ENHANCED ENTERPRISE ZONE									NE #	
NAME OF PERSON COMPLETING FORM			PHONE NUMBER			EMAIL				
- 1			THORE NOMBER							
Please Ensure The Contact Information is Completed – It Will Be Added To Our Website For Your Zone										
PRIMARY EEZ ADMINISTRATOR (CONTACT PERSON) TITLE OF ADMINISTRATOR										
PHONE NUMBER	EMA		IL .			WEBSITE				
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)										
PLEASE PROVIDE THE GOVERNING AUTHORITY CONTACT INFORMATION WITHIN THE ZONE (e.g. Commissioners / Mayors)										
NAME OF CONTACT		,	TITLE			EMAIL			PHONE NUMBER	
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE EEZ BOARD MEMBERS:										
NAME	TITLE		EMAIL		PHONE		TERM E	TERM EXPIRATION		
	School Board Member									
	Other Taxing Districts									
	Chairman									
HAS THE EEZ TAX ABATEN	MENT ORDINANCE	BEEN CHANG	GED? (If YE	S, please se	end a copy	with this	form)	YES	NO	
ATTACH ADDITIONAL SHEETS IF NECESSARY										
I. BUSINESSES LOCATED WITHIN THE ENHANCED ENTERPRISE ZONE WHICH EXPANDED <u>DURING THE REPORTING PERIOD</u>									KIOD	
# EXISTING BUSINESSES	# NEW BUSINESSES # RECEIVIN		TAX CREDITS # RECEIVING ABA		EIVING ABATE	EMENT	# NEW JOBS	\$ REAL INVESTMENT		
DATE	SIGNATURE									