



EST. 1960

Willowbrook

835 Midway Drive
Willowbrook, IL 60527-5549

Phone: (630) 323-8215 Fax: (630) 323-0787 www.willowbrookil.org

Contact Information Worksheet

Mayor

Frank A. Trilla

Village Clerk

Deborah A. Hahn

Village Trustees

Sue Berglund

Umberto Davi

Michael Mistele

Gayle Neal

Paul Oggerino

Gregory Ruffolo

Village Administrator

Brian Pabst

Chief of Police

Robert R. Schaller

Director of Finance

Carrie Dittman

Owner

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____

Main Petitioner Contact (authorized agent)

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____

Additional Contact #1

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____

Additional Contact #2

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____



Proud Member of the
Illinois Route 66 Scenic Byway



EST. 1960

Willowbrook

835 Midway Drive
Willowbrook, IL 60527-5549

Phone: (630) 323-8215 Fax: (630) 323-0787 www.willowbrookil.org

Contact Information Worksheet

Mayor

Frank A. Trilla

Village Clerk

Deborah A. Hahn

Village Trustees

Sue Berglund

Umberto Davi

Michael Mistele

Gayle Neal

Paul Oggerino

Gregory Ruffolo

Village Administrator

Brian Pabst

Chief of Police

Robert R. Schaller

Director of Finance

Carrie Dittman

Additional Contact #3

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____

Additional Contact #4

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____

Additional Contact #5

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____

Additional Contact #6

Relationship to Project

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

Company Name: _____

Job Title: _____



Proud Member of the
Illinois Route 66 Scenic Byway