



DEPARTMENT OF COMMUNITY DEVELOPMENT

City Certificate/Signature Block Script for Minor Boundary Adjustment & Consolidation Plats

CITY OF COLLINSVILLE CERTIFICATE

I _____, Director of Community Development for the City of Collinsville, Illinois, and I _____, City Engineer for the City of Collinsville, Illinois, do hereby find and agree that this Minor Boundary Adjustment/Consolidation Plat conforms to the requirements contained in Title 16, Subdivisions, of the City of Collinsville Municipal Code of Ordinances and is approved per the authorization granted therein.

Dated at Collinsville, IL, the ____ day of _____ 20____.

Director of Community Development

City Engineer

State of Illinois
County of _____.

This instrument was acknowledged before me on the ____ day of _____ 20____ by _____ as Director of Community Development and by _____ as City Engineer for the City of Collinsville, Illinois.

Notary