



# Illinois Department of Transportation

Office of Intermodal Project Implementation / Division of Aeronautics  
1 Langhorne Bond Drive / Springfield, Illinois 62707-8415

Please complete the information below regarding the required signatures for all Agreements and Grants that may require the signature of the airport sponsor:

Signature Authority for Airport Sponsor:

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

Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Legal Representative/Counsel for Airport Sponsor (if sponsor requires a legal review prior to their signature)

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

Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please indicate who should review/sign first of the two individuals listed above on all agreement documents for your airport:

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date