

**APPROVING THE "OFFICIAL WARD MAP" OF THE CITY OF DEKALB FOLLOWING THE 2020 FEDERAL CENSUS.**

**WHEREAS**, the City of DeKalb (the "City") is a home rule unit of local government and may exercise any power and perform any function pertaining to its government and affairs pursuant to Article VII, Section 6, of the Illinois Constitution of 1970; and

**WHEREAS**, the City's corporate authorities have considered the results of the most recent official decennial census and have determined that it is necessary to redistrict the City's wards to reapportion the wards according to population as nearly equal as possible, and for the wards to be as compact and contiguous territory as practicable, by approving the "Official Ward Map" attached hereto and incorporated herein as Exhibit A (the "Official Ward Map"); and

**WHEREAS**, the City's corporate authorities find that it is in the City's best interests to approve the Official Ward Map as provided by this Ordinance for the protection of the public health, safety, morals and welfare; and

**NOW, THEREFORE, BE IT ORDAINED** by the Mayor and City Council of the City of DeKalb, DeKalb County, Illinois, as follows:

**SECTION 1:** The above recitals are true, correct, material, adopted and incorporated herein by reference as through fully set forth in this Section 1.

**SECTION 2:** The City's corporate authorities approve the Official Ward Map attached hereto and incorporated herein as Exhibit A as the City's Official Ward Map. The City's corporate authorities also authorize and direct the City Clerk or Executive Assistant to keep a copy of the Official Ward Map on file and publicly available on the City's official website and at City Hall. The City's corporate authorities further authorize and direct the City Clerk or Executive Assistant to provide a copy of the Official Ward Map to the DeKalb County Clerk at least 60 days before the time fixed for the next general municipal election.

**SECTION 3:** This ordinance and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such ordinance should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the City's corporate authorities that to the extent that the terms of this ordinance should be inconsistent with any non-preemptive state law, that this resolution shall supersede state law in that regard within its jurisdiction.

**SECTION 4:** This Ordinance shall be in full force and effect after its passage and approval as provided by law.

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois at a Regular meeting thereof held on the 11<sup>th</sup> day of October 2021 and approved by me as Mayor on the same day. Passed on First Reading by an 8-0 roll call vote. Aye: Morris, Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None. Second Reading waived by an 8-0 roll call vote. Aye: Morris, Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None.



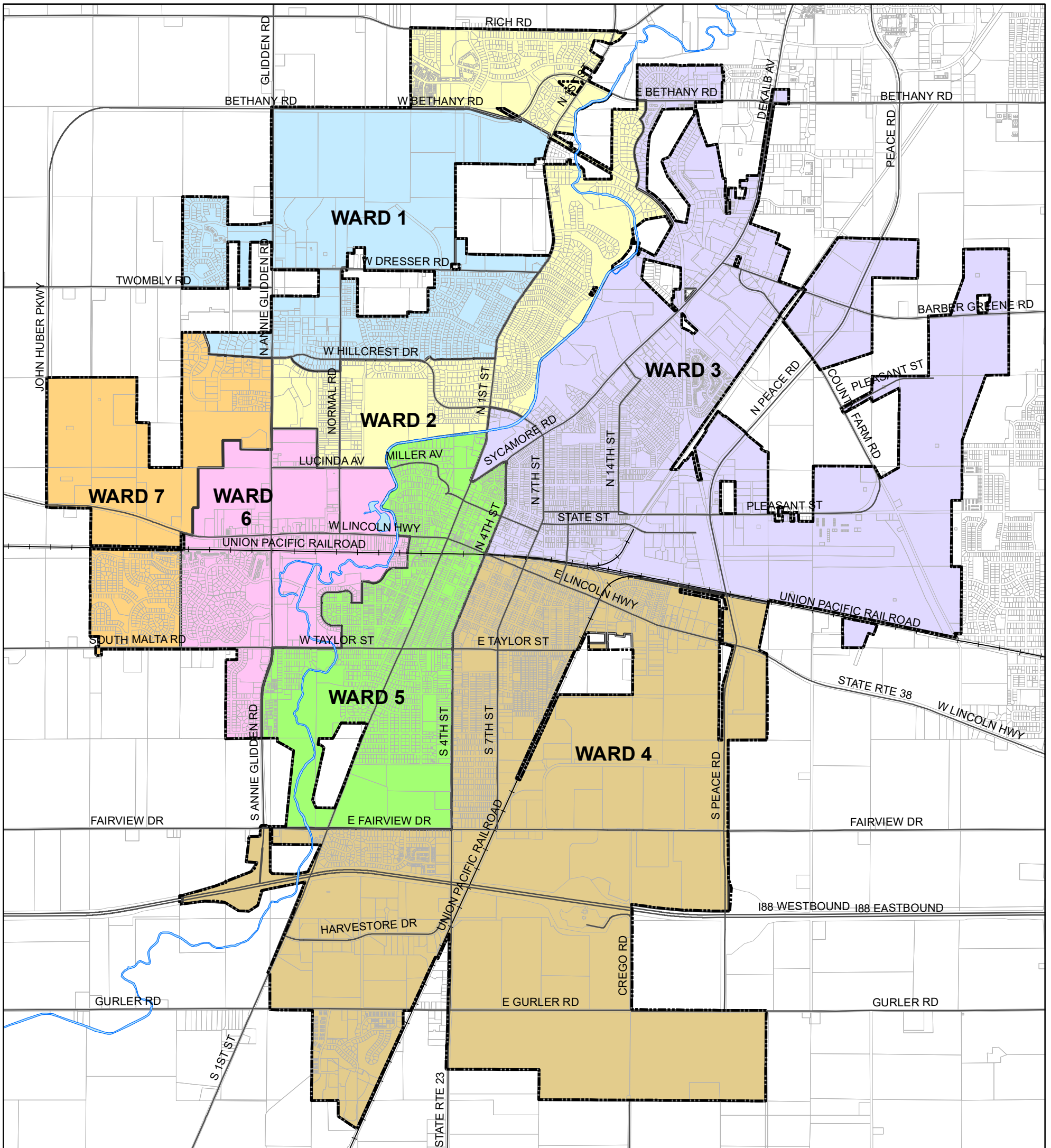
*Cohen Barnes*  
\_\_\_\_\_  
COHEN BARNES, Mayor

ATTEST:








*Ruth A. Scott*  
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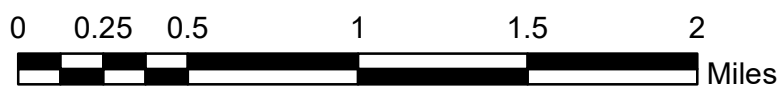
Ruth A. Scott, Executive Assistant

# Official Ward Map



\\Community Development\Ward 11x17.mxd  
 Created 10/24/2014 DJE  
 Last Updated: 9/30/2021 DJE

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|---|--|
| <p>Mayor: Cohen Barnes, 234 Greenwood North, 815-758-1886</p> <p> Ward 1: Carolyn Morris, 1934 Margaret Ln., 267-221-7693</p> <p> Ward 2: Barb Larson, 2915 Wedgewood Dr., 815-970-1810</p> <p> Ward 3: Tracy Smith, 612 N. 7th St., 815-739-2126</p> | <p> Ward 4: Greg Perkins, 152 Devonshire Dr., 815-751-0745</p> <p> Ward 5: Scott McAdams, 1015 Sharon Dr., 708-341-8333</p> <p> Ward 6: Mike Verbic, 688 Magnolia St., 815-756-0769</p> <p> Ward 7: Anthony Faivre, 1516 Farmstead Ln., 815-981-2028</p> |
|---|--|



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p><i>DeKalb County          Attn: DeKalb County Clerk          110 E. Sycamore St.          Sycamore, GA 60178</i></p> <p>021-41</p>  <p>9590 9403 0394 5163 4503 68</p>	<p>B. Received by (Printed Name) <i>R. Lantz</i> C. Date of Delivery <i>11-1</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0581 1301</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
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<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													

U.S. Postal Service™ <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only	
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<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	<p><i>10/28/21</i></p> <p>Postmark Here</p> <p><i>7.53</i></p>
Postage \$ _____ <b>Total Postage and Fees</b> \$ _____	
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