



**Community Development &
Fire Department**

100 Carrington Dr., West Dundee, IL 60118
847-551-3805 FAX 847-551-3814

RESIDENTIAL RENTAL PROPERTY REGISTRATION APPLICATION

I, (We), the undersigned, hereby make application for Residential Rental Property Registration under the ordinances of the Village of West Dundee. Any omissions or misstatements of facts herein may cause forfeiture for granting of the Residential Rental Property Registration.

Section A: RENTAL PROPERTY INFORMATION # of Bldg's _____ # of Units ea. _____

Address : _____

Unit Designation Per Building: _____

Section B: OWNER INFORMATION

Full Name _____

Address _____

City, State _____ Zip +4 _____

Phone _____ Fax Number _____

email address _____

Section C: MANAGER INFORMATION

Full Name _____

Address _____

City, State _____ Zip +4 _____

Phone _____ Fax Number _____

email address _____

Send Renewal Application to: Owner / Manager (circle only one)

Section D: FEES

Registration Fee: Single Family Home _____ @ \$50.00 \$ _____

2 or more units _____ @ \$125.00 \$ _____

6 or more units _____ @ \$20 per unit \$ _____

Date: _____

Signature of Owner/Manager

Print Name

FOR OFFICE USE ONLY

REGISTRATION P S

CHECK # _____

BATCH # _____