



**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 :		

**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:**    **Number of Buildings** \_\_\_\_\_    @ \$35.00    **Per Bldg**    \$

**Late Fee:**        **Number of Buildings** \_\_\_\_\_    @ \$35.00    **Per Bldg**    \$

**Total Fees Enclosed**    \$

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Print Name

*FOR OFFICE USE ONLY*

REGISTRATION     P     S

CK # \_\_\_\_\_