



**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 #
