



**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	\$ _____
7 or more units _____	@ \$20 per unit	\$ _____

Date: _____
 _____ Signature of Owner/Manager _____ Print Name

FOR OFFICE USE ONLY

REGISTRATION P S

CHECK # _____
 BATCH # _____