



VACANT & ABANDONED PROPERTY REGISTRATION

PLEASE PRINT CLEARLY

PROPERTY OWNER INFORMATION:

OWNER NAME

PHONE NUMBER

OWNER STREET ADDRESS

CITY / STATE / ZIP

AUTHORIZED OWNER'S CONTACT NAME

OWNER'S CONTACT PHONE NUMBER

OWNER'S CONTACT E-MAIL ADDRESS

The owner is required to identify a natural person twenty one (21) years of age or older who maintains a permanent address in DeKalb County, Illinois, to accept service on behalf of the owner with respect to any notices the Town Administrator sends pursuant to Section 4-2-6 of the Town Code or service of process in any proceeding commenced to enforce any provision of Section 4-2-6

LOCAL OWNER'S REPRESENTATIVE'S NAME

PHONE NUMBER

LOCAL OWNER'S REPRESENTATIVE'S STREET ADDRESS

CITY / STATE / ZIP

LOCAL OWNER'S REPRESENTATIVE'S E-MAIL ADDRESS

PROPERTY INFORMATION:

STREET ADDRESS

PERMANENT INDEX NUMBER

[OVER]

PLEASE PRINT CLEARLY

ADDITIONAL PROPERTY OWNER INFORMATION:

NAME AND ADDRESS OF EACH PERSON HAVING ANY LEGAL INTEREST IN THE BUILDING OR PROPERTY:

NAME ADDRESS CITY / STATE / ZIP

The vacant building registration shall be renewed each year on the anniversary date of the first filing for the time the building remains vacant and pay the required annual vacant building registration fee.

REGISTRANT'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

LICENSE APPLICATION REQUIRED INFORMATION CHECKLIST:

- Completed Application \$125.00 Registration Fee (annual) Local contact to accept service on behalf of Owner provided
 Building Plan Insurance certificate