

Village of South Elgin  
Community Development Department

10 N. Water St  
847-741-3894  
847-741-3959 FAX

www.southelgin.com

Hours Of Operation  
Monday – Friday  
8:30 a.m. – 5:00 p.m.

## VACANT DWELLING REGISTRATION

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### PROPERTY INFORMATION

Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

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### PROPERTY CONTACT

Contact Person: \_\_\_\_\_

Company: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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### PROPERTY OWNER (If different from Contact)

Name: \_\_\_\_\_

Company: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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### INSURANCE INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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A \$50 Administration Fee is due with the submittal of this registration form.

<b>For Office Use Only</b>		
<b>File Number:</b> _____	<b>Date Received:</b> _____	<b>Received By:</b> _____