



*For Office Use Only*

Registration Year: \_\_\_\_\_

Entered in Comcate: \_\_\_\_\_

**RESIDENTIAL RENTAL PROPERTY REGISTRATION**

**PROPERTY OWNER(S)**

Full Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AUTHORIZED SERVICE/MANAGEMENT AGENT(S)**

This section must be completed if the person authorized to manage, make repairs and/or service the property is different than the owner.

Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RENTAL PROPERTY(S)**

*No. & Street (if apartments, list alpha/numeric)*

*(For office use only)*

\_\_\_\_\_ West Peoria, IL 61604 Tax ID# \_\_\_\_\_

\_\_\_\_\_ West Peoria, IL 61604 Tax ID# \_\_\_\_\_

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\_\_\_\_\_ West Peoria, IL 61604 Tax ID# \_\_\_\_\_

*If you own more rental property in West Peoria, please provide list of additional addresses*

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_