



**VILLAGE OF STREAMWOOD**

301 E. Irving Park Road  
Streamwood, Illinois 60107  
P 630/736-3839  
F 630/837-5690  
www.streamwood.org

**OFFICE USE ONLY**

License # \_\_\_\_\_

Check # \_\_\_\_\_

Community Development  
Department

**VACANT DWELLING REGISTRATION**

(Please Print or Type)

**Building Address:** \_\_\_\_\_

**CONTACT INFORMATION**

**Contact Name:** \_\_\_\_\_

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

**Street Address (P.O. Box not acceptable):** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**OWNERSHIP INFORMATION**  
(If different from Contact)

**Owner Name:** \_\_\_\_\_

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

**Street Address (P.O. Box not acceptable):** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Do you want the main water service to be left on? YES\_\_\_\_\_ NO\_\_\_\_\_**

**24 Hour Emergency Phone:** (\_\_\_\_) \_\_\_\_\_

All of the information provided in the Application is true and correct to the best of my knowledge:

**Property Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to the village by mail, fax or email to dcarrion@streamwood.org