



Community Development
Department

OFFICE USE ONLY	
License #	_____
Check #	_____

VACANT DWELLING REGISTRATION

(please print or type)

Building Address _____

CONTACT INFORMATION

Contact Name: _____

Company: _____

Address: (PO Box not acceptable) _____

City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Email: _____

OWNERSHIP INFORMATION (if different from Contact)

Name of Owner: _____

Company: _____

Address: _____

City, State, Zip _____

Business Phone: _____ Email: _____

24 Hour Emergency Phone _____

DO YOU WANT THE MAIN WATER SERVICE TO BE LEFT ON? YES NO

An inspection of the interior and exterior of the property is required. The inspection fee is \$50.00 and can be scheduled by calling the office during regular business hours at 630-736-3843.

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

Signature: _____ Date: _____

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