



ARLINGTON HEIGHTS

VACANT PROPERTY REGISTRATION EXEMPTION FORM

SECTION I: VACANT, FORECLOSED PROPERTY EXEMPTION BEING REQUESTED

ADDRESS OF VACANT, FORECLOSED PROPERTY: _____

PARCEL'S IDENTIFICATION NUMBER (IF KNOWN): **601** - _____ - _____ - _____

DATE OF FORECLOSURE ACTION: _____ PROPERTY TYPE: SINGLE FAMILY MULTI-FAMILY

SECTION II: OWNER or PERSON IN CONTROL

NAME OF MORTGAGEE: _____

LOCAL CONTACT PERSON: _____

ADDRESS (NOT A POST OFFICE BOX): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL: _____

AUTHORIZED AGENT/ LEIN HOLDER / PROPERTY MANAGER CONTACT

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE: (_____) _____ ADDITIONAL PHONE: (_____) _____

EMAIL: _____

Additional contacts are included on a separate sheet.

DO NOT WRITE IN THE SECTION. ARLINGTON HEIGHTS USE ONLY.

ADDITIONAL INFORMATION AS REQUESTED

Additional information attached

- | | |
|--|--|
| • Demolition Plan | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Proof of monitored burglar/fire detections system | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Copy of listing agreement with licensed real estate company | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Copy of valid building permit issued by the Village of Arlington Heights | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • List of other properties owned in the Village of Arlington Heights | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Information on length of time the building has been vacant | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Information regarding property maintenance violations | <input type="checkbox"/> YES <input type="checkbox"/> NO |

The owner or agent of this property and undersigned does hereby certify that the information and statements given on the registration are the best of his/her knowledge, true and correct.

SIGNATURE

DATE

PRINT NAME