



ARLINGTON HEIGHTS

VACANT PROPERTY REGISTRATION FORM

PROPERTY INFORMATION INITIAL ANNUAL RENEWAL

ADDRESS OF VACANT FORECLOSED PROPERTY: _____

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

DATE VACATED: _____ PROPERTY TYPE: SINGLE FAMILY MULTI-FAMILY BUSINESS

UTILITIES: WATER ON OFF GAS ON OFF ELECTRIC ON OFF WINTERIZED YES NO

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.

FEES: INITIAL: \$200.00 PER PROPERTY
RENEWAL: \$400.00 PER PROPERTY

INITIAL COMMERCIAL: \$500.00
RENEWAL COMMERCIAL: \$1,000.00

Make checks payable to: The Village of Arlington Heights

Return completed form with payment to: Village of Arlington Heights
601 Elliott Avenue
Arlington Heights, Ohio 45215

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

SIGNATURE

DATE

PRINT NAME