

OFFICE USE ONLY	
License #	
Check#	

Phone: (630) 736-3843

Fax: (630) 837-5690

VACANT DWELLING REGISTRATION

(please print or type)

Property Address:				
	CONTACT INFORMATION	ı		
Contact Name:				
Company:				
Address: (PO Box not accepta	able)			
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				
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.

Website: www.streamwood.org

Email: communitydevelopment@streamwood.org