



VACANT RESIDENTIAL PROPERTY REGISTRATION

Property Address: _____

Tax ID/Parcel #: _____

Check all that apply: Rental ___ For Sale ___ Foreclosure ___ Rehab ___ Other (describe) _____

Today's Date: _____

Name of Legal Owner(s): _____

Mailing Address: _____

Contact Information: _____

(e-mail and/or phone #)

Property Manager: _____

Mailing Address: _____

Contact Information: _____

(e-mail and/or phone #)

Division of Rental Inspections
333 S. Tanner St. Rm 402
Rantoul, IL 61866
217-892-6804 off
217-892-5501 fax
www.myrantoul.com

For Office Use Only

Posted the Property: _____ Date: _____ Title Search Requested: _____ Lien(s): _____ Inspected: _____