



DEPARTMENT OF COMMUNITY DEVELOPMENT

SMALL TOWN FEEL WITH A WORLD AT ITS TOUCH

4501 NORTH 25TH AVENUE
SCHILLER PARK, ILLINOIS 60176-1455
TELEPHONE 847 671-9555
FAX 847 671-9783

CONFIDENTIAL EMERGENCY CONTACT NUMBERS

Property Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's City: _____ State: _____ Zip: _____

Owner's Phone Number: HM() _____ WK() _____

Other: Pager/Cellular () _____

**LIST OF PERSONS TO BE CALLED IN CASE OF EMERGENCY
PLEASE PRINT OR TYPE**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Signature

Date

Please return this completed form to: Village of Schiller Park
4501 25th Ave., Schiller Park, IL 60176

www.villageofschillerpark.com



VILLAGE OF SCHILLER PARK

4501 N 25TH AVENUE

SCHILLER PARK, ILLINOIS 60176

P (847) 671-8555 - F (847) 671-9783

Complex Information- (Please type or print clearly)

Date: _____

Complex Name: _____

Building Address: _____ Schiller Park, IL 60176

Owner Information

Owner #1

Name: _____ Date of Birth: _____

Address: (No PO Box) _____

City: _____ State: _____ Zip _____ Home Ph# _____

Work # _____ Other # _____

Owner #2

Name: _____ Date of Birth: _____

Address: (No PO Box) _____

City: _____ State: _____ Zip _____ Home Ph# _____

Work # _____ Other # _____

Managing Agent - (If applicable.)

Name: _____ Date of Birth: _____

Address: (No PO Box) _____

City: _____ State: _____ Zip _____ Home Ph# _____

Work # _____ Other # _____

Trust Disclosure Information - (If property is in trust complete the information below.)

Name of Trust: _____ Date of Trust _____

Trust Number: _____

Other Authorized Decision Maker

Name: _____ Date of Birth: _____

Address: (No PO Box) _____

City: _____ State: _____ Zip _____ Home Ph# _____

Work # _____ Other # _____

Company That Services Fire Alarm

Name: _____

Address: (No PO Box) _____

City: _____ State: _____ Zip _____ Phone# _____

Company That Services Elevator

Name: _____

Address: (No PO Box) _____

City: _____ State: _____ Zip _____ Phone# _____

Units, Disclaimer and Fees

Number of Units in Building: _____

Note: Each Building that is separated from another by virtue of a fire wall or fire separation assembly, and has its own address, shall be considered a separate building.

License Fee: _____ Amount Due: _____

1. The above information is accurate and factual.
2. In order to receive a Multifamily Dwelling License, common areas and individual living units must be in full compliance with Village Ordinances and inspected on an annual basis to ensure such compliance. Further all outstanding municipal fees, fines, judgements or levies must be paid in full.

Signature: _____ Date: _____

Office Use Only

Fee Payment (For office use only)

Total Fee: _____ Date Received: _____

Receipt Number: _____ Check Number: _____

Received by: _____