

VACANT PROPERTY REGISTRATION FORM

Building Department, 1 Veterans Parkway, New Lenox, IL 60451
Phone (815) 462-6490 Fax (815) 462-6469
www.newlenox.net

PROPERTY INFORMATION:

ADDRESS OF VACANT PROPERTY: _____ LOT # _____

PARCEL TAX IDENTIFICATION NUMBER _____

PROPERTY TYPE: Single Family _____ Multi Family _____ Commercial _____ Other _____

PHYSICAL DESCRIPTION: (i.e. two story, ranch, etc; exterior material – brick, siding; exterior color):

UTILITIES: WATER ___ on ___ off, GAS ___ on ___ off, ELECTRICITY ___ on ___ off, WINTERIZED ___ yes ___ no

PROPERTY OWNER: (IF ADDITIONAL OWNERS – PROVIDE OWNERSHIP INFORMATION ON SEPARATE PAGE)

NAME: _____

CONTACT NAME (IF BUSINESS): _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: _____ E-MAIL: _____

PROPERTY MANAGER / EMERGENCY CONTACT:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

BUSINESS PHONE: _____ 24 HOUR PHONE: _____

LEGAL / LITIGATION INFORMATION FOR PROPERTY (FORECLOSURE / BANKRUPTCY):

CASE NAME: _____ CASE NUMBER: _____

COURT NAME _____

ADDRESS: _____ STATE _____ ZIP: _____

PLANTIFF('S): _____

DEFENDANT('S): _____

CASE STATUS: _____

LIST ALL PERSONS WITH LEGAL INTEREST IN THE BUILDING: (LIST ADDITIONAL NAMES ON SEPARATE PAGE)

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: _____ E-MAIL: _____

TOXIC / FLAMMABLE / HAZARDOUS MATERIALS STORED OR USED ON SITE: (IF APPLICABLE)

MATERIAL NAMES: _____

LOCATION OF MATERIALS: _____

ADDITIONAL INFORMATION FOR POLICE / FIRE DEPARTMENT / PARAMEDICS / EMERGENCY RESPONDERS:

REGISTRATION FEE: \$50 PER PROPERTY – Make Checks Payable to the Village of New Lenox

Please fill out the information requested above, sign and deliver or mail this form with payment to:

The Village of New Lenox
Attention: Building Department
1 Veterans Parkway
New Lenox, IL 60451

Signature

Date

Print Name