

Property Agent's Contact Information: Please provide contact information for a property agent, if any. If there is more than one, please complete the "Additional Property Agents Form" provided, attach as many as needed.

Agent's Name: _____
(if different from owner)

Business Name: _____

Street Address: _____

Unit/Apt #: _____

_____ City

_____ State

_____ Zip Code

Telephone #: (____) - ____ - _____

NOTE: Property Agent must be accessible via the telephone number provided at all times

Additional Information (Optional):

Alt Telephone #: (____) - ____ - _____

Fax #: (____) - ____ - _____

Email Address: _____

OWNER'S ACKNOWLEDGEMENT: PLEASE NOTE THAT THE ISSUANCE OF A REGISTRATION SHALL NOT BE CONSTRUED TO BE AN APPROVAL OF ANY VIOLATION OF THE PROVISIONS OF THE ZONING ORDINANCE OR BUILDING CODE OF THE CITY OF HIGHLAND PARK, ILLINOIS.

Submitted this ____ day of _____, 201_.

Signature: _____

Print Name: _____

Please make a check payable to the City of Highland Park for **\$30 per unit** registered/registering and mail to:

City of Highland Park
Community Development Department
Rental Registration Program
1150 Half Day Road, 2nd Floor
Highland Park, IL 60035