



VACANT RESIDENTIAL PROPERTY REGISTRATION

Today's Date: _____

Property Address: _____

Tax ID/Parcel #: _____

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

Name of Legal Owner(s): _____
(as recorded at County Recorder's Office)

Mailing Address: _____

Phone #: _____ E-mail: _____

Property Manager: _____

Mailing Address: _____

Phone #: _____ E-mail: _____

Rental Inspection Division
333 S. Tanner St.
Rantoul, IL 61866
Phone 217.892.6804
Fax 217.892.6871
www.myrantoul.com

For Office Use Only

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