



## VACANT PROPERTY REGISTRATION

### Property Information:

Address of Vacant Property: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Property Index Number (P.I.N.): \_\_\_\_\_  
Property Type: \_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Commercial \_\_\_\_\_ Other  
Physical Description (Two Story, Ranch, Exterior Material, Exterior Color, Etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Utilities:

Water: \_\_\_\_\_ Yes \_\_\_\_\_ No                      Electricity: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Gas: \_\_\_\_\_ Yes \_\_\_\_\_ No                      Winterized: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Property Owner (provide additional ownership information on a separate page):

Name: \_\_\_\_\_  
Contact Name (If Business): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Property Manager/Emergency Contact:

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ 24 Hour Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Legal/Litigation Information for Property (Foreclosure/Bankruptcy):

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Court Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Plaintiff(S): \_\_\_\_\_  
Defendant(S): \_\_\_\_\_  
Case Status: \_\_\_\_\_

### Persons with Legal Interest in the Building (list additional names on separate page):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Toxic/Flammable/Hazardous Materials Stored or Used on Site (if applicable)**

Material Names: \_\_\_\_\_  
\_\_\_\_\_

**Additional Information for Police/Fire/Paramedics/Emergency Responders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No Registration Fee Required**

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

The Village of New Lenox  
Community Development Department  
1 Veterans Parkway  
New Lenox, IL 60451

Signature Of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_