



APPLICATION FOR REGISTRATION OF NON-OWNER OCCUPIED PROPERTY

****IF YOU HAVE NOT REGISTERED THE PROPERTY AS REQUIRED IN PREVIOUS YEARS, YOU WILL BE REQUIRED TO PAY FOR PREVIOUS YEARS****

*PARCEL NUMBER:		UNITS: #
*PROPERTY ADDRESS:		

*PROPERTY EXEMPT:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of exemption must be provided.	<input type="checkbox"/> Occupied by Immediate Family Member (child, sibling, parent, grandparent) Name: _____ Phone: _____ Relationship: _____
	<input type="checkbox"/> Property is listed for Sale and is VACANT . Date Listed: _____ Proof of Sale Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Property is in probate or similar estate settlement status.
	<input type="checkbox"/> Property will be vacant for less than 6 continuous months and is occupied by owner. <input type="checkbox"/> Property is owner occupied.

*OWNER:	
*MAILING ADDRESS:	
*PHONE:	*E-MAIL:

IF SOMEONE WILL BE MANAGING YOUR REGISTRATION FOR YOU, COMPLETE THE FOLLOWING:

PROPERTY MANAGER:	
MAILING ADDRESS:	
PHONE:	E-MAIL:

1. I/We, the undersigned, acknowledge the data submitted in this application is an accurate representation of the date of this application and the statement shall be prima facia proof of the statements in any administrative enforcement or court proceedings.
2. I/We understand that it is illegal to operate a rental unit within the City of Peoria without registering the property as non-owner occupied.
3. I/We understand that failure to comply or provide accurate information will result in legal actions and fines.
4. I/We understand that the submission and approval of this application does not indicate the property is in compliance with the Zoning Ordinance, Building Codes, or Property Maintenance Code.
5. I/We understand that I/We must notify Accounts Receivable within **10** business days of any change in the registration statement.
6. I/We agree to conduct a self-inspection of all registered rental properties and will not rent the property until it is in compliance with all applicable codes.

SIGNATURE: _____

DATE: _____

***Indicates required field.**

Please Return Completed Document to:
 City of Peoria
 Accounts Receivable Office
 419 Fulton St STE 111
 Peoria, IL 61602
 Email: rentalregistration@peoriagov.org