



Case # \_\_\_\_\_
Fee Due \$ \_\_\_\_\_

Property Owner Section: [ ] Change Owner Information

Owner Name\* \_\_\_\_\_ Phone: \_\_\_\_\_
\*Change of ownership requires a new application

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Manager Section: [ ] Change Manager Information

Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager Address: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Section (select one):

Send all billing correspondence to: \_\_\_\_\_ Property Owner \_\_\_\_\_ Manager

Rental Address Section (attach additional sheet(s) if needed):

Please indicate address, unit designations (A, B, C, etc.) if applicable, the property type (Apartment, Duplex, Condo, Manufactured Home, or Single Family Home), and number of units for each.

- 1. \_\_\_\_\_ Add [ ] Remove [ ]
2. \_\_\_\_\_ Add [ ] Remove [ ]
3. \_\_\_\_\_ Add [ ] Remove [ ]
4. \_\_\_\_\_ Add [ ] Remove [ ]
5. \_\_\_\_\_ Add [ ] Remove [ ]
6. \_\_\_\_\_ Add [ ] Remove [ ]
7. \_\_\_\_\_ Add [ ] Remove [ ]
8. \_\_\_\_\_ Add [ ] Remove [ ]
9. \_\_\_\_\_ Add [ ] Remove [ ]
10. \_\_\_\_\_ Add [ ] Remove [ ]

Fee Section:

Additional Residential Units: \_\_\_\_\_ # Units x \$30.00 = \$ \_\_\_\_\_

Authorization Section:

By signing below, I hereby certify that the statements on this application are true and complete the best of my knowledge and belief, and that I will comply with applicable City of Collinsville ordinances concerning the rental and/or lease of tenant space or residential dwelling unit(s) in Collinsville, as well as applicable State & Federal law. I understand this license is conditional upon successful completion of a Crime Free Housing Seminar (applicable to residential landlords only). I further understand that any changes to the information provided, as well as any physical changes in the number of or configuration of tenant spaces or dwelling units must be reported to and approved by the City of Collinsville. License required per Ord. No. 4378

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_