



Case # _____

Fee Due \$ _____

Property Owner Section:

Owner Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Manager Section:

Manager Name: _____ Phone: _____

Manager Address: _____

Email: _____

Billing Section (select one):

Send all billing correspondence to: _____ Property Owner _____ Manager

Rental Address Section (attach ADDITIONAL UNITS SHEET(S) if needed):

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

1.	Type:	# of Units:
_____	_____	_____
2.	Type:	# of Units:
_____	_____	_____
3.	Type:	# of Units:
_____	_____	_____
4.	Type:	# of Units:
_____	_____	_____
5.	Type:	# of Units:
_____	_____	_____
6.	Type:	# of Units:
_____	_____	_____
7.	Type:	# of Units:
_____	_____	_____
8.	Type:	# of Units:
_____	_____	_____
9.	Type:	# of Units:
_____	_____	_____
10.	Type:	# of Units:
_____	_____	_____

Fee Section:

Flat Landlord Fee: _____ \$30.00
 Total Residential Units: _____ # Units x \$30.00 + _____
Total Due: = \$ _____

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 _____