



City of Belleville
101 S. Illinois St
Belleville, IL 62220
(618) 233-6810

Health and Housing Department
407 E Lincoln Stret
Belleville, IL 62220
(618) 233-6817 Fax (618) 233-8152 mgain@belleville.net

Rental Property Registration

___ Initial Registration ___ Annual Renewal With Changes ___ Annual Renewal Without Changes

Company / Owner Name: _____
Owner Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
E-Mail: _____ Website: _____

OWNER INFORMATION: Partnerships or corporations must attach a separate sheet listing all names and addresses of general partners, corporate officers, and registered agents. In case of a Trust, list the information of the registered agent authorized to act on behalf of the Trust.

If the property(ies) are managed by someone other than the owner or owner's company, complete the following section:

I have contracted with (Name): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
E-Mail: _____ Website: _____

to act as my Managing Agent for the below listed properties, and who shall be the first line of contact in any property management issues. I also certify I am aware of the City's Building, Zoning, and Crime Free Housing Codes and Ordinances, and am aware of the legal ramifications for *knowingly* violating any of these codes. I further certify that both, my Managing Agent and I have satisfactorily completed all requirements of the Crime Free Housing Ordinance of the City of Belleville, or will do so within six months of this date.

Signature of Owner

Signature of Managing Agent

Printed Name of Owner

Printed Name of Managing Agent

Date

Date

Rental Property Registration (cont)

1. Address: _____

Name of Complex: _____ Number of Units: _____

2. Address: _____

Name of Complex: _____ Number of Units: _____

3. Address: _____

Name of Complex: _____ Number of Units: _____

4. Address: _____

Name of Complex: _____ Number of Units: _____

5. Address: _____

Name of Complex: _____ Number of Units: _____

6. Address: _____

Name of Complex: _____ Number of Units: _____

7. Address: _____

Name of Complex: _____ Number of Units: _____

8. Address: _____

Name of Complex: _____ Number of Units: _____

9. Address: _____

Name of Complex: _____ Number of Units: _____

10. Address: _____

Name of Complex: _____ Number of Units: _____

11. Address: _____

Name of Complex: _____ Number of Units: _____

12. Address: _____

Name of Complex: _____ Number of Units: _____

Total Number of Units: _____

Fee per Unit: 25.00

Total Fees Due: _____