



# Rental Property Registration Application

City of Spring Valley, IL  
Office of the Building Inspector  
215 N. Greenwood Street, Spring Valley, IL, 61362  
Phone: 815-664-2785  
Email: rentalregistry@springvalleyil.us

Date Received:

## Rental Property Information

Site Address:

Property Type:	Single Family/Duplex (\$25)	Mult Unit (3+) (\$10/unit)	# Units
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Name of Owner:

Owner Address:

City	State	Zip
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Phone	Email
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Property Manager:

Manager Address:

City	State	Zip
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Phone	Email
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Tenant Name:

Phone

**If the owner resides outside a 25 mile radius of the City of Spring Valley there must be a designated agent (within 25 miles of the City of Spring Valley) to accept property maintenance and notice/service responsibility. (P.O. Box is not acceptable for Owner of Property Manager addresses)**

**I the undersigned, hereby certify that:**

1. The information submitted in this application is an accurate representation of the facts on the date of the application.
2. The registration/license fee does not constitute official licensing until compliance with all the provisions of the Property Maintenance Code have been verified through inspection by authorized personnel.

Signature

Printed Name

Date

**For Office Use Only:** Fee Paid

**Processed By:**

**File #:**