



<u>VACANT:</u>	<input type="checkbox"/> NEW REGISTRTION
	<input type="checkbox"/> DEREGISTRATION
<u>FORECLOUSRE:</u>	<input type="checkbox"/> NEW REGISTRATION
	<input type="checkbox"/> DEREGISTRATION

**VILLAGE OF HARVEY**  
**BUILDING DEPARTMENT**

15320 Broadway, Harvey, IL 60426

P: (708) 210-5300

[planning@cityofharveyil.org](mailto:planning@cityofharveyil.org)

**VACANT & FORECLOSED PROPERTY REGISTRATION FORM**

**PROPERTY INFORMATION:**

ADDRESS OF PROPERTY: \_\_\_\_\_

PARCEL'S TAX IDENTIFICATION NUMBER: \_\_\_\_\_

PROPERTYTYPE:  SINGLE FAMILY  MULTIPLE FAMILY  COMMERCIAL  INDUSTRIAL  
 OTHER: \_\_\_\_\_

UTILITIES: WATER  ON  OFF GAS  ON  OFF ELECTRICITY  ON  OFF WINTERIZED  YES  NO

**PROPERTY OWNER: (IF ADDITIONAL OWNERS-PROVIDES OWNERSHIP INFORMATION ON SEPARATE PAGE)**

NAME: \_\_\_\_\_

CONTACTNAME(IFBUSINESS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PROPERTY MANAGER/EMERGENCY CONTACT:**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ 24-HOUR PHONE: \_\_\_\_\_

PROPERTY INFORMATION FOR LEGAL/LITIGATION (FORECLOSURE/BANKRUPTCY):

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

COURT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAINTIFF(S): \_\_\_\_\_

DEFENDANT(S): \_\_\_\_\_

CASE STATUS: \_\_\_\_\_

FORECLOSURE/BANKRUPTCY HOLDER:

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

TOXIC/FLAMMABLE/HAZARDOUS MATERIALS STORED OR USED ON SITE:

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION FOR POLICE/FIRE DEPARTMENT/PARAMEDICS/EMERGENCY RESPONDERS:

\_\_\_\_\_  
\_\_\_\_\_

SEMI-ANNUAL REGISTRATION FEE: \$ 300.00 PER PROPERTY (Ord. 3381, 8-32-180) plus processing fee (checks 2% and credit/debit card 3%) Make Checks Payable to "City of Harvey"

Please fill out the information requested above, sign and deliver or mail this form with payment to:  
Village of Harvey, Attention: Building Department, 15320 Broadway, Harvey, IL 60426

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date