

**NEW OWNER INFORMATION FORM**



**VILLAGE OF FRANKLIN PARK**

9500 W. Belmont  
Franklin Park IL 60131  
(847) 671-8245, Fax: (847) 671-8790



Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

P.I.N. Number: \_\_\_\_\_

Type of Property:

Single Unit: \_\_\_\_\_ Multi: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Property Owner Contact Person: \_\_\_\_\_

Property Owner Contact Address: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Work Phone: \_\_\_\_\_

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

Tenant Information: (if applicable)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

By the signature below, I hereby represent that the information provided on this application is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Owner's Signature **(Required)**

\_\_\_\_\_  
Printed Name