



# VILLAGE OF ORLAND HILLS

Phone: 708/349-4887      16033 South 94th Avenue      Fax: 708/349-1358  
Orland Hills, Illinois 60487  
RENTAL PROPERTY APPLICATIONS ARE DUE THE 1<sup>ST</sup> OF JANUARY FOR THE YEAR

## ~ RENTAL PROPERTY LICENSE APPLICATION ~

*Please Print or Type*

### RENTAL PROPERTY STREET ADDRESS

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

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

List additional properties on the Rental Property Information Form

*(ATTACH A COPY OF THE LEASE FOR EACH PROPERTY LOCATION)*

### LANDLORD/OWNER INFORMATION

*Mailing Address: Please indicate appropriate address for correspondence & billing.*

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attention: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\$200.00 PER SINGLE FAMILY HOME/ CONDOMINIUM UNIT**

**\$50.00 LATE FEE AFTER FEBRUARY 1<sup>ST</sup>**

### PROPERTY MAINTENANCE INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, the Owner of this property understand the condition upon compliance with all Village of Orland Hills Ordinance 2018-002. I have fully read the license requirements and understand that renting a dwelling without a valid license issued by the Village of Orland Hills is a violation to the Village of Orland Hills Code and will result in enforcement by fines. I, the owner of this property(s) will call and set up inspections with the Village and shall notify tenants, on a form provided by the village, of a date and time of inspection(s) at least seventy-two (72) hours prior to inspection.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_