



NEIGHBORHOOD SERVICES DIVISION

200 EAST WOOD STREET • PALATINE, IL 60067-5339

Telephone (847) 359-9042 • Fax (847) 776-4733

www.palatine.il.us

RENTAL DWELLING LICENSE CONTACT CHANGE FORM

Date: _____

Dear Village of Palatine:

I understand that if I have a change in Ownership, or wish to add or delete an Agent on my Rental Dwelling license profile, I must complete this form and submit it to satisfy the Rental Dwelling License requirements.

RP - _____ Address of Rental Property: _____

☐ I wish to ADD an agent ☐ I wish to DELETE an agent ☐ I wish to UPDATE Owner contact information

Owner – List all names

Trust – List the trust and name of Trustee or Primary Beneficiary

Corporation, Firm or LLC

List the name of corporation, firm, LLC or partnership and at least one name of the signing Member, Officer or Partner

OWNER(s)

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home/Business Phone _____

Email: _____ Email: _____

AGENT (circle one) ADD / DELETE

A change of agent may require recertification in the Crime Free Multi-Housing Program.

If managed by a property management company, all individuals that would schedule or appear at the inspection, or speak with a Village of Palatine staff member regarding the property, must also be listed.

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home/Business Phone _____

Email: _____

(Provide the email only if you would like this agent to receive all correspondence that is directed to you)

Please return this form by mail or email to: NeighborhoodServices@palatine.il.us

RP - _____ Address of Rental Property: _____

AGENT (circle one) ADD / DELETE

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home/Business Phone _____

Email: _____

(Provide the email only if you would like this agent to receive all correspondence that is directed to you)

AGENT (circle one) ADD / DELETE

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home/Business Phone _____

Email: _____

(Provide the email only if you would like this agent to receive all correspondence that is directed to you)

AGENT (circle one) ADD / DELETE

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home/Business Phone _____

Email: _____

(Provide the email only if you would like this agent to receive all correspondence that is directed to you)

AGENT (circle one) ADD / DELETE

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home/Business Phone _____

Email: _____

(Provide the email only if you would like this agent to receive all correspondence that is directed to you)