



Health, Housing & Building Department
 2300 West Main St.
 Building M, Suite M113
 Belleville, IL 62226
 Phone: 618-233-6817 Email: mgain@belleville.net

Crime Free Housing Rental Property Registration Form

_____ Initial Registration _____ Annual Renewal With Changes _____ Annual Renewal Without Changes

Company/Owner Name: _____
 Owner Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Mobile #: _____ Fax #: _____
 Email: _____ Website: _____

OWNER INFORMATION: Partnerships or corporations must attach a separate sheet listing all names and addresses of general partners, corporate officers, and registered agents. In the case of a Trust, list the information of the Registered Agent authorized to act on behalf of the Trust.

If the property(ies) is managed by someone other than the owner or the owner's company, complete the following. I have contracted with...

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Mobile #: _____ Fax #: _____
 Email: _____ Website: _____

to act as my Managing Agent for the below listed property(ies) and be the first line of contact in any property management issues. I also certify that I am aware of the City of Belleville's Building, Zoning, and Crime Free Housing Codes and Ordinances, and the legal ramifications of knowingly violating any of these codes. I further certify that both my Managing Agent and I have satisfactorily completed all requirements of the Crime Free Housing Ordinance of the City of Belleville or will do so within six months of this date.

Owner Signature: _____ Printed Name: _____ Date: _____	Managing Agent Signature: _____ Printed Name: _____ Date: _____
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Please See Other Side of Form →

Rental Property Registration (continued)

- 1. Address _____
Name of Complex: _____ Number of Units: _____
- 2. Address _____
Name of Complex: _____ Number of Units: _____
- 3. Address _____
Name of Complex: _____ Number of Units: _____
- 4. Address _____
Name of Complex: _____ Number of Units: _____
- 5. Address _____
Name of Complex: _____ Number of Units: _____
- 6. Address _____
Name of Complex: _____ Number of Units: _____
- 7. Address _____
Name of Complex: _____ Number of Units: _____
- 8. Address _____
Name of Complex: _____ Number of Units: _____
- 9. Address _____
Name of Complex: _____ Number of Units: _____
- 10. Address _____
Name of Complex: _____ Number of Units: _____
- 11. Address _____
Name of Complex: _____ Number of Units: _____
- 12. Address _____
Name of Complex: _____ Number of Units: _____

Total Number of Units: _____
x Fee per Unit = \$30.00 or
x Fee per Unit after Nov. 15 = \$60.00
= Total Fees Due: _____

Make check payable to City of Belleville and deliver or mail to:

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2300 W. Main St.
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