

BOLINGBROOK
CODE ENFORCEMENT DIVISION

VACANT DWELLING REPORT

DATE: _____

ADDRESS: _____

OWNER OF DWELLING: _____

ADDRESS: _____

PHONE: _____

TITLE HOLDER OF PROPERTY OR MORTGAGE CO.:

ADDRESS: _____

PHONE: _____

RESPONSIBLE PARTY: _____

ADDRESS: _____

PHONE: _____

REASON FOR VACANCY: _____

SIGNATURE OF INDIVIDUAL COMPLETING THE FORM:

Please fax back to (630) 226-8729.