

New       Re-issuance

**APPLICATION FOR RENTAL DWELLING UNIT REGISTRATION**

Address of Rental Property: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Name of Property (if applicable): \_\_\_\_\_

**Type of unit being registered: (check one)**

Apartment       Condominium       Single Family       Townhome       Other

Properties owned by a corporation or limited liability company must list the principal of said organization as the primary owner. If a property is held in Trust, a trust disclosure form must be included with this application indicating the percentage of ownership of each Trustee.

Legal Owners Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Additional Owners Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Additional Owners Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

The Mundelein Police Department is requesting information pertaining to authorized key holders for your property. These would be the individuals who can be contacted if an emergency should arise during non-business hours.

**Key Holders/Emergency Contacts:**

1. \_\_\_\_\_ Title: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 2. \_\_\_\_\_ Title: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 3. \_\_\_\_\_ Title: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

(Name and Phone Number of Alarm Company Monitoring this Alarm)

**I understand the issuance of this Registration is conditional upon compliance with all Village Ordinances, completion of the Crime Free Multi-Housing Seminar, and the results of any inspection of above premises while this certificate is in force.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

MPD ALARM BOARD POSITION NUMBER: \_\_\_\_\_  
 Contact File Updated: \_\_\_\_\_ Date: \_\_\_\_\_ T/C Initials: \_\_\_\_\_  
 Alarm Board Updated: \_\_\_\_\_ Date: \_\_\_\_\_ T/C Initials: \_\_\_\_\_

**SUPPLEMENTAL FORM  
APPLICATION FOR RENTAL DWELLING UNIT INFORMATION**

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

Type of unit being registered: (check one)

- Apartment     Condominium     Single Family     Townhome     Other

Please state the number of each type of bedroom and the square footage for which unit this applies.

Specify Type of Bedroom	# of each type of Bedroom	Size of Bedrooms	Applies to Unit Numbers
1 Bedroom Units or Bedroom 1  (or studio unit)	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
2 Bedroom Units or Bedroom 2	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
3 Bedroom Units or Bedroom 3	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
4 Bedroom Units or Bedroom 4	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
5 Bedroom Units or Bedroom 5  (other)	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____
	_____	____ ft. by ____ ft. = ____ s.f.	____, ____ , ____ , ____

Areas for Sleeping Purposes: Every room occupied for sleeping purposes by one occupant shall contain at least 70 square feet of floor area, and every room occupied for sleeping purposes by more than one person shall contain at least 50 square feet of floor area for each occupant thereof.

Signature \_\_\_\_\_

Date \_\_\_\_\_