CITY OF MT. VERNON, ILLINOIS

IDENTIFICATION OF NON-OWNER OCCUPIED DWELLING

BUILDING DEPARTMENT PHONE: 242-6830

Date: _____ _____ ,20 _____

Month Day Year

PROPERTY INFORMATION	
Rental Property Address:	
Parcel Identification Number (PIN):	
Number of Stories:	
Does the Property have a Basement:	
Square Footage of Main Floor:	
OWNER	
Name:	
Address:	
City:	
State:	
Zip Code:	Phone (Home):
County:	Phone (Office):
Email:	Phone (Cell):
TENANT	
Total Number of Occupants:	
Name(s):	
Name(s):	
PROPERTY MANAGER (IF OTHER THAN OWNER)	
Name:	
Address:	
City:	
State:	
Zip Code:	Phone (Home):
County:	Phone (Office):
Email:	Phone (Cell):