



RENTAL/VACANT DE-REGISTRATION FORM

Date of DeRegistration	
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Type of DeRegistration	
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<input type="checkbox"/> DeRegister Rental Property	<input type="checkbox"/> DeRegister Vacant Property
Reason for DeRegistration	
<input type="checkbox"/> Property Sold	<input type="checkbox"/> Property Demolished
<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Exemption Filed
<input type="checkbox"/> Vacant to Rental *	<input type="checkbox"/> Rental to Vacant *

*If property will be Vacant or Rental please complete the applicable forms located at:
www.cityofedwardsville.com/rental or www.cityofedwardsville.com/vacant

Please mail form to:

City of Edwardsville, Public Works Department, 200 East Park Street, Edwardsville, IL 62025
 Or email to rentalregistration@cityofedwardsville.com; Questions: 618-692-2331

RESIDENTIAL UNIT INFORMATION

Rental Address:			
Name of Complex:			
Parcel ID # (if known)			
Number of units within the building			

OWNER(S) INFORMATION

Owner #1 Information				
Name				
House #:		Street name:		
City:		State:		Zip Code:
Home #:		Mobile #:		
Fax #:		Email:		

Owner #2 or Agent Information

Name				
House #:		Street name:		
City:		State:		Zip Code:
Home #:		Mobile #:		
Fax #:		Email:		

Name of Buyer (if applicable)

Contact Name				
Address:				
City:		State:		Zip Code:
Home #:		Mobile #:		
Fax #:		Email:		

 Owner's signature

 Owner's Agent Signature

 Owner's printed name

 Owner's Agent printed name