



City of Highland
Building and Zoning

Landlord Registration Application

(Please print – one application for each location)

Landlord Information:

Name of Applicant: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Check all that apply: _____ Owner _____ Management Entity _____ Rental Agent

Rental Property Information:

Street Address: _____

Number of Units: _____ Unit Numbers/Names: _____

Type of Lease/Landlord Agreement: _____

If application is submitted as a corporation, LLC, partnership, group, etc., then complete 1 and 2 below. If application is submitted as an individual, please complete 2.

1. Name of Entity or Group: _____

Business entity number assigned by the secretary of the State of Illinois: _____

2. Please complete the following information for all officers, managers, managing partners, registered agent, etc. Please use additional paper if needed.

Title: _____

Name: _____

Street Address: _____ Mailing Address: _____



City of Highland
Building and Zoning

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title: _____

Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Key Holder Name and Contact Information:

Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I do hereby authorize a review of and full disclosure of all records concerning myself and anyone else so listed, per the requirement of this application, to include any and all records necessary to determine property ownership, property management, tenant information, utility information, or other records necessary to implement and enforce this ordinance in the City of Highland, Illinois, whether the records are of a public, private or confidential nature.

Signature of Applicant: _____ Date: _____