



City of Breese
500 N. 1st St. · Breese, IL 62230
618.526.7731 · Fax 618.526.2819

Rental/Landlord Registration Form
(Please attach a separate sheet for each location.)

LANDLORD INFORMATION

Name of Landlord: _____

Address: _____

Mailing Address: _____

Phone: _____ Email: _____

PLEASE CHECK ALL THAT APPLY

Owner Management Entity Rental Agent

RENTAL PROPERTY INFORMATION

Street Address: _____

Number of Units: _____

Unit Name: _____

Short Term Lease (less than 30 days) Long Term Lease (30 days or longer)

IF APPLICATION IS SUBMITTED AS A CORPORATION, LLC, PARTNERSHIP, GROUP, ETC. COMPLETE NUMBER 1 AND 2 BELOW.

IF APPLICATION IS SUBMITTED AS AN INDIVIDUAL, PLEASE COMPLETE NUMBER 2.

1. Name of Entity or Group: _____
Business entity number assigned by the Secretary of State of Illinois: _____
2. Please complete the following information for all officers, managers, managing partners, registered agents, etc. (if applicable).

Title: _____
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Title: _____
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Title: _____
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

KEY HOLDER NAME AND CONTACT INFORMATION (if applicable)

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____