

COUNTY ZONING DISCLOSURE REQUEST FORM

To be completed by Applicant:

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS AND PHONE NUMBER OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PROPERTY IDENTIFICATION NO.: \_\_\_\_\_

The Applicant has identified the present use of the property as follows:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: This Request should be done at the time of taking the listing, or at least one (1) week prior to negotiating a Contract to allow adequate response time. Fax the request to the Will County Land Use Department, at (815)727-8638, and include the fax number where you want Rider 412 faxed.