

**Village of McCullom Lake**  
4811 W. Orchard Drive  
McCullom Lake, Illinois 60050  
Phone: 815-385-2211 Fax: 815-385-2199  
Village President – Marilyn Shepit  
[mccullomlake@comast.net](mailto:mccullomlake@comast.net)  
VOML.ORG

## **Landlord Reporting Form**

(Please complete the following fields or insert N/A)

Date: \_\_\_\_\_ Account # \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of **ALL** Occupants:

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

# of Adults: \_\_\_\_\_ # of Children under 18: \_\_\_\_\_ Total # of Occupants: \_\_\_\_\_

# of Vehicles \_\_\_\_\_ Lic. Plate # \_\_\_\_\_ Lic. Plate # \_\_\_\_\_

Lic. Plate # \_\_\_\_\_ Lic. Plate# \_\_\_\_\_

Telephone #(s) of Renter: \_\_\_\_\_

Email Address of Renter: \_\_\_\_\_

Lease Date: From: \_\_\_\_\_ To: \_\_\_\_\_

I understand and agree to report any changes within the allotted amount of time specified by the Village. I understand that failure to report will result in penalties.

I, \_\_\_\_\_, affirm that the above information is true and correct to the  
(print your name)  
best of my knowledge, and that I have read the attached information.

Sign \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**- Please return this completed form to the McCullom Lake Village Office**

**- Attach a copy of the lease/rental agreement (please black out rental amount and/or security deposit)**

**- Failure to return the completed form to the Village Office within 14 days of tenant/occupancy change, will result in the maximum charge for sewer fees, which is \$108.60 per month. These charges will remain in effect until the completed Landlord Reporting Form is received and will not be subject to reversal.**

_____ <b>Smoke Detector</b>	<b>Date:</b> _____
_____ <b>CO 2 Detector</b>	<b>Signed:</b> _____