

CITY OF CHICAGO

State City County Services
120 West Madison, Ste. 1216
Chicago, IL 60602

Office: (312) 346-3350
Fax: (312) 346-8540
Email: SCCS1216@sbcglobal.net

Use this Order Form to secure your Water/Zoning Certification(s). We will complete all original forms and return to you by way of mail, hold for pickup or messenger to locations within the Loop area free of charge. Parent Title Co. will overnight deliver to satellite office for closing.

Premise Information

Closing Date: / /

Buyer Information

Property Address: _____

Buyer Name: _____

State _____ Zip _____

Buyer Address: _____

Property Index No.: _____

State _____ Zip _____

Water Account No.: _____

New Address: _____

Property Type

- | | |
|---|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Apt. Bldg. - # of Units <input type="text"/> |
| <input type="checkbox"/> Condo - Fax | <input type="checkbox"/> -or- Letter <input type="text"/> |
| <input type="checkbox"/> New Condo Conversion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Vacant Lot | <input type="checkbox"/> Railroad Prop |
| <input type="checkbox"/> Mixed Use (commercial/residential) | <input type="checkbox"/> Co-Op |
| | <input type="checkbox"/> Other |

State _____ Zip _____

Phone: _____

ATTORNEYS NAME: _____

PHONE: _____

Access Information Only

Name: _____

Home: () - _____

Office: () - _____

Cell: () - _____

Email: _____

Special Instructions: Need to obtain final readings. Must be able to make contact between 7:00 a.m. and 3:30 p.m., Mon-Fri (if you reschedule PLEASE ALLOW ANOTHER TEN (10) DAYS.

Special Instructions for SCCS

Order Zone Certification YES NO

Hold for Pick Up Mail Pay Water Bill

MAIL TO:

HERITAGE TITLE

4405 Three Oaks Rd

Crystal Lake, IL 60014

Attn: Trice File # _____

Seller Information

Seller Name: _____

Seller Address: _____

State _____ Zip _____

Phone _____

New Address: _____

State _____ Zip _____

Phone: _____

Attorneys Name: _____

Attorney's Fax: _____

Attorney's Email: _____

Form Completed By:

Name: _____

Phone: _____