



**VILLAGE OF FOX LAKE  
66 THILLEN DRIVE  
FOX LAKE, IL 60020**

*Please submit form to Village Hall in person, night drop box, mail via US mail or email to [financedept@foxlake.org](mailto:financedept@foxlake.org).*

Property Owner Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone Number or Email Address: \_\_\_\_\_

**Please answer all of the following questions:**

Do you live within a registered assisted living facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your building used as a School District operation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this your primary residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, do you lease the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

List names of all persons living at the property:

**Notes/Additional Information:**

Under penalty as provided by law, I declare that all the information provided herein is true and correct. I understand that if circumstances change the status of either my building use (in cases of a school district or assisted living facility) or vehicle ownership for any residents at this address that I must pay a vehicle fee to the Village at that time.

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Signature

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Date

### Residence Location If Different from Property Address

**Please note that the office will verify information you have submitted and respond to this application within 10 business days upon receipt of this application. It is your responsibility to respond to any requests for information necessary to make a proper determination on this application. This submission is applicable for the current year only.**

## **Office Only:**

Verified Building Status or Vehicle Registration Records for Residents: \_\_\_\_\_

Note Exceptions to Application: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Signer \_\_\_\_\_

Notified Applicant Date: \_\_\_\_\_ Initials \_\_\_\_\_