



CITY OF CHICAGO – WATER CERTIFICATION APPLICATION

Date of Request: _____ Old Republic Order # _____
 Requested By: _____ Closing Date: _____
 Address: _____
 City, State, Zip _____
 Phone: _____ Fax: _____

**The following information must be completed in full before we can begin processing your
 City of Chicago Water Cert Request**

Property Address: _____
 Zip Code: _____ PIN(s): _____

Property Type – (X the appropriate line)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Commercial | <input type="checkbox"/> Two Unit Apartment Bldg |
| <input type="checkbox"/> Condo – Attach Letter | <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Apartment Bldg # of Units |
| <input type="checkbox"/> Condo Conversion | <input type="checkbox"/> Industrial | <input type="checkbox"/> Co-op |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Vacant | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Non-Metered | <input type="checkbox"/> Metered – 15 day notice |

Access Information

Name: _____ Phone: _____

Seller's Information

Seller's Attorney: _____ Phone: _____
 Seller's Name: _____ Phone: _____
 Current Address: Same as Property or: _____
 City, State, Zip _____
 New Billing Address: _____
 City, State, Zip: _____ Phone: _____

Buyer's Information

Buyer's Attorney: _____ Phone: _____
 Buyer's Name: _____ Phone: _____
 Current Address: _____
 City, State, Zip: _____
 New Billing Address: Same as Property or: _____
 City, State, Zip: _____

Does the buyer presently own other property in City of Chicago? Yes No
 If yes, list address(es): _____