

RETURN FORM TO:
CITY CLERK'S OFFICE
CITY OF COUNTRYSIDE
5550 EAST AVENUE
COUNTRYSIDE, IL 60525
OR FAX: 708-354-9445



TODAY'S DATE:

NOTIFICATION OF NEW AND/OR DEPARTING USERS OF COMMERCIAL SPACE

MUST BE COMPLETED WITHIN 30 DAYS OF ACTIVITY

CIRCLE ONE: NEW

DEPARTING (IF DEPARTING GO TO SECTION B)

SECTION A

TENANT'S FULL NAME _____

TENANT'S BUSINESS NAME (IF DIFFERENT) _____

TENANT'S BUSINESS ADDRESS _____

TENANT'S BUSINESS PHONE # _____

TENANT'S HOME ADDRESS & PHONE # _____

NAME & PHONE # OF PERSONS WHO MAY BE CONTACTED IN EMERGENCY AFTER

NORMAL BUSINESS HOURS _____

TERM OF LEASE _____

TYPE OF BUSINESS ACTIVITY _____

SECTION B: FOR DEPARTING USERS

THE DATE TENANT SURRENDERED POSSESSION OF PREMISES _____

TENANT'S NEW ADDRESS _____
(IF KNOWN)

TENANT'S NEW PHONE # _____
(IF KNOWN)