



100 N. MLK Jr. Ave. - Waukegan, IL 60085
 ☎847-599-2500 - www.waukeganil.gov

CLOSING LETTER APPLICATION

Allow ten (10) business days for processing prior to closing date.

This application must be submitted a **minimum of ten (10) business days prior to the date of closing**. Please email this document to closinggroup@waukeganil.gov with the address in the subject line or mail to: Attn: Closing Group, 100 N Martin Luther King Jr. Ave, Waukegan, IL 60085. \$100.00 fee will be included on your payoff statement for this closing letter application and will be due at closing. This closing letter may be ordered by the seller, buyer, and/or agent.

This application will NOT be accepted unless completed in full, including Buyer's information.

PLEASE PRINT:

Date of Closing: _____

Waukegan Property Address: _____

Zip Code (Select One): 60085 60087 60048 60083 60099 Other

Property Index Number (PIN) (Can be found on tax bill): _____-_____-_____-_____

Lot size (Can be found on plat of survey): Length: _____ x Width _____ = Area _____ sq. ft.

Property Single-family Condo Vacant Land Industrial Commercial - No Residential

Type: Two-family (Duplex or Two-Flat) Townhouse Commercial - with Residential

Multi-Family

How many residential units are part of the sale of this property? _____

Are any of the bedrooms located below grade? YES NO

Is the property vacant? YES NO If "Yes", since when? _____

Is the property a foreclosure? YES NO

Applicant Name: _____

Seller Name: _____

Seller's Forwarding Address: _____

Telephone (include area code) _____ **e-mail:** _____

Buyer Name (s):	_____
Buyer's Address:	_____
City, State, Zip:	_____
Buyer's Telephone:	_____
Buyer's E-mail:	_____
<i>Driver's License OR Matricula, Passport, State ID#, Fed Tax ID - APPLICATION WILL NOT BE ACCEPTED WITHOUT #. IT IS REQUIRED TO TRANSFER WATER SERVICE TO NEW BUYER</i>	
Driver's License #:	_____ State: _____
Property will be used for (please check one):	<input type="checkbox"/> primary residence <input type="checkbox"/> rental <input type="checkbox"/> business <input type="checkbox"/> office <input type="checkbox"/> industrial <input type="checkbox"/> resale <input type="checkbox"/> other

By signing below, I agree to disclose all documents provided by the City of Waukegan to the buyer at the time of closing.

Seller/Representative Signature _____ **Date:** _____

10 BUSINESS DAYS REQUIRED FOR PROCESSING

APPLICATION MUST BE COMPLETED IN FULL TO PROCESS YOUR APPLICATION

QUESTIONS CALL 847-599-2505

An additional \$50.00 will apply after expiration date of Closing Letters.

FOR OFFICE USE ONLY
Date Received
Zoning
Ward #
Account #
Reading Date
WL
AAL
CCL
PD
Classification