



**REGISTRATION FORM 2026**  
**Non-Owner-Occupied**  
**Registration and Designation of Agent**

Building & Code Services  
350 Tower Square Plaza, Marion, IL 62959  
Phone: 618-993-2422 Fax: 618-997-9577

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**OWNER INFORMATION**

**Please Print Clearly**

**Company Name(If applicable):**

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**Owner Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

**Owner Address:**

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Email Address (required):** \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE THE CITY IS NOTIFIED OF ANY CHANGE  
OF OWNERSHIP OR OCCUPANCY STATUS**

**Owner**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The undersigned owner affirms under penalty of perjury that the information herein is correct and hereby designates himself/herself or the party listed below as the Agent to receive notices concerning the listed property(ies). The Agent is also authorized to grant the City of Marion access to the interior and exterior of the listed property(ies) for the purpose of conducting housing inspections pursuant to the City of Marion Housing Code for Non-Owner Occupied Dwellings.

The undersigned states that the above is the Owner or one of the Owners and has authority to make this Registration of the real estate listed on attached Property Information Sheet and that on said real estate is a non-owner occupied rental dwelling, or a non-owner occupied dwelling unit as defined in the Ordinance No. 3076A, Housing Code for Non-Owner Occupied Dwellings.

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**AGENT INFORMATION (If applicable)**

**Please Print Clearly**

**Note:** Individual property owners who reside in **Williamson County; Saline, Franklin, Jackson, Johnson, Union, and Pope Counties** may designate themselves as Agent. All other owners **MUST** designate as an Agent a person who resides in one of the above listed counties.

**Company Name (If applicable):**

\_\_\_\_\_

**Agent Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

**Agent Address:**

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Email Address (required):** \_\_\_\_\_

**Agent**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

The undersigned acknowledges under penalty of perjury that he/she is the agent for the above Owner for the herein listed property(ies) and agrees to accept notices from the City concerning the listed property(ies) and to grant the City of Marion access to the interior and exterior of the listed property(ies) upon reasonable notice as stated in the Housing Code for the purpose of conducting housing inspections pursuant to the City of Marion Housing Code for Non-Owner Occupied Dwellings.

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Non-Owner-Occupied Property Address	Apt Number 1, 2, 3 or A, B, C	V=Vacant O=Occupied	Type of Dwelling(s) H = House MH = Mobile Home A = Apartment CFD= Contract for Deed
1.			H___ MH___ A___ CFD___
2.			H___ MH___ A___ CFD___
3.			H___ MH___ A___ CFD___
4.			H___ MH___ A___ CFD___
5.			H___ MH___ A___ CFD___
6.			H___ MH___ A___ CFD___
7.			H___ MH___ A___ CFD___
8.			H___ MH___ A___ CFD___
9.			H___ MH___ A___ CFD___
10.			H___ MH___ A___ CFD___
11.			H___ MH___ A___ CFD___
12.			H___ MH___ A___ CFD___
13.			H___ MH___ A___ CFD___
14.			H___ MH___ A___ CFD___
15.			H___ MH___ A___ CFD___
16.			H___ MH___ A___ CFD___