

City of Chicago Heights

Date of Application

REAL ESTATE TRANSFER STAMP APPLICATION FORM

____ DECLARATION ____ EXEMPTION

Check All That Apply:

- | | |
|--|---------------------------------|
| ____ Single family residence | ____ Commercial |
| ____ Condo, co-op, or town home | ____ Industrial |
| ____ 2-3 units (residential) | ____ Vacant land |
| ____ 4 or more units (residential) | ____ Other (attach description) |
| ____ Combined commercial and residential use | |

(For Recorder Use Only)

DEED NO. _____

DATE RECORDED _____

INSTRUCTIONS:

This form must be filled out completely, signed by at least one of the grantors (sellers) and grantees (buyers), their attorney or agent, and presented to the CITY CLERK'S OFFICE, 1601 CHICAGO ROAD, CHICAGO HEIGHTS, IL 60411 or other designated agent at the time of the request for the real estate transfer stamp as required by the City of Chicago Heights Real Estate Transfer Tax Ordinance. Also required is a copy of the Illinois Tax Declaration form, which must be submitted with the request. The transfer tax stamp must be affixed to the deed when the title is recorded. All requests for mailing of the transfer stamp must be accompanied by a self-addressed, stamped envelope.

For additional information, please call City Hall at 708-756-5304, Monday through Friday, 8:30 a.m. to 5:00 p.m.

Address of Property _____

Street

Zip Code

Permanent Property Index No. _____

Date of Deed _____ Type of Deed _____

Full Actual Consideration (Include amount of mortgage and value of liabilities assumed) \$ _____

Amount of Tax (\$4.00 per \$1,000 or fraction thereof of full actual consideration)* \$ _____

NOTE: The Chicago Heights Real Estate Transfer Tax Ordinance specifically exempts certain transactions from taxation. These exemptions are enumerated in Section 39-106 of the ordinance. To claim one of these exemptions, complete the appropriate blanks below:

I hereby declare that this transaction is exempt from taxation under the Chicago Heights Real Estate Transfer Tax Ordinance by paragraph(s) _____ of Section 39-106 of said ordinance.

Details of exemption claimed: (explain) _____

We hereby declare the full actual consideration and above facts contained in this declaration to be true and correct.

Grantor (Seller) PRINT Name New or Valid Mailing Address, Zip, Phone

Signature Seller or Agent Print Name Phone Date

Grantee (Buyer) PRINT Name Valid Mailing Address, Zip, Phone

Signature Buyer or Agent Print Name Phone Date

Water Bill

Code