

CITY OF ELGIN

REAL ESTATE TRANSFER STAMP APPLICATION FORM

Date of Filing with City

(FOR RECORDER'S USE ONLY)	
Recorder or Registrar's Deed #:	_____
Date Recorded:	_____

Transfer Tax Stamp #

CHECK APPROPRIATE BOX(ES):

- | | | | |
|--------------------------|--|--------------------------|----------------------------|
| <input type="checkbox"/> | Single Family Residence | <input type="checkbox"/> | Commercial |
| <input type="checkbox"/> | Condo, Co-op, or Town Home | <input type="checkbox"/> | Industrial |
| <input type="checkbox"/> | 2-3 Units (Residential) | <input type="checkbox"/> | Vacant Land |
| <input type="checkbox"/> | 4 or more Units (Residential) | <input type="checkbox"/> | Other (Attach Description) |
| <input type="checkbox"/> | Mixed use (Commercial and Residential) | | |

INSTRUCTIONS:

This form must be filled out completely, signed by at least one of the grantors (sellers) or agent, and presented to the Department of Finance, 150 Dexter Court, Elgin, IL 60120 or other designated agent, at the time of the request for the real estate transfer stamp as required by the City of Elgin Real Estate Transfer Ordinance. Also, a copy of the deed and the Illinois Tax Declaration form must be submitted with the request. The 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.

Fax Number: 847-931-5621

For additional information, please call the Department of Finance at (847) 931-5639, Monday through Friday, 8:00 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) \$ _____

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

GRANTOR:

_____ Name	_____ Address
_____ Zip Code	_____ Signature
	_____ Date Signed

GRANTEE:

_____ Name	_____ Address
_____ Zip Code	_____ Signature
	_____ Date Signed