



Designated Local Property
Manager

Property Address: _____

Property Owner

Name _____

Address _____

Phone _____

Email _____

Designated Manager

Name _____

Address _____

Phone _____

Email _____

The property manager listed above is designated in compliance with Section 13-2 of the Macomb Municipal Code. The owner is obligated to update the Office of Community Development with any changes to this designated within seven (7) days of such change. Failure to do so may subject the owners to penalties as provided in the Macomb Municipal Code.

Owner:

Signature

Date

Property Manager:

Signature

Date

Return Completed Form to: Rental Housing Inspector, Office of Community Development, 232 E Jackson St, Macomb, Illinois 61455. May also be sent by email to rhi@cityofmacomb.com.