



Real Estate Transfer Tax Declaration Form

City of Elmhurst 209 N. York Street
Elmhurst, Illinois 60126-2759
Phone: 630-530-3117 Fax:630-530-6403

This form must be typed and submitted 72 hours in advance

Subject Property Information

P.I.N. _____ - _____ - _____ - _____ Closing Date: _____ Move Out Date: _____
Street Address: _____ Unit: _____
Full Actual Consideration for Transfer:
Consideration to be Covered by Stamps:
Amount of Tax (\$1.50 per every \$1,000 or part there of taxable consideration):

Seller Information

Full Name(s) with Middle Initial: _____
Current Address: _____
If the current address is the same as the forwarding address check this box.
If the forwarding address for the final water bill is different, provide below.

I/We hereby declare the full actual consideration and facts in this declaration to be true and correct. (Seller or Agent)

Signature: _____ Date: _____

Buyer Information

Full Name(s) with Middle Initial: _____
Cell Phone:(_____) _____ - _____ E-Mail Address: _____
Property Type: Business/Commercial Residential: Owner-Occupied Rental
Current Address (prior to purchase): _____

Billing Address (if different than the subject property address listed above):

Additional requirements to obtain a Transfer Stamp

Please attach the following COPIES for the City to retain:

- 1. Signed and dated sales contract
- 2. Deed
- 3. State of Illinois P-Tax form

*****PLEASE NOTE: LOST TRANSFER STAMPS CANNOT BE REPLACED, THEY MUST BE REPURCHASED*****
-Stamps will NOT be issued for exempt transactions.

Pursuant to the City of Elmhurst Code, No stamps will be issued until:

- ➡ A sump pump inspection is completed and PASSED--Call (630) 530-3020 to make arrangements for an inspection.
- ➡ A final meter reading will be done once the City has received the following: closing date, move out date, current billing name and forwarding address, new customer name and billing address if not the same as service.
- ➡ All current debts (not including final utility bill) due and owing to the City with respect to the property and customer are paid in full.
- ➡ This form is completed in full and signed by seller or agent.

-FOR OFFICE USE ONLY-

Billing Contact _____ Balance _____ Account No. _____

Sump Pump Invoices Tickets Stamp # _____ Date _____ Initials _____