Owner Election Form (IDHA Tear Down Grant)

PROPERY ADDRESS OR TAX PARCEL ID NUMBER:

_____

OWNER NAME(S):

_____

CONTACT INFORAMTION:

Mailing Address:

_____

Mailing Address (City, State, Zip):

_____

Contact Phone Number:

_____

To help the city move forward with the grant we are asking you to indicate your interest below and return this form to the city using the enclosed self-addressed stamped envelope or drop off to Savanna City Hall.

☐ **OPTION #1. I wish to sell and convey title to the parcel and receive a purchase price based on appraisal, but not to exceed $5,000 (minus preparation costs).**

☐ **OPTION #2. I wish to retain title to the parcel and herby consent to the City of Savanna removing the structure without cost to me. I agree to understand and comply with city codes and zoning regulations applicable to the property moving forward.**

_____ _____

Signature (owner) **Date**

City of Savanna
333 Chicago Ave Savanna, Il 61074
O: 815.273.2251 F: 815.273.7260
E: e.hartman@savanna-il.us