



OFFICE USE ONLY	
Date of Filing with City	
File No.	
Water Stamp No.	
Amount Paid	

## WATER STAMP FORM

### INSTRUCTIONS:

1. This form must be filled out completely, signed by at least one of the grantors (sellers), and presented to the Building and Housing Department, **16313 Kedzie Parkway, Markham, Illinois 60428**, at the time of purchase the Water Stamp as required by the City of Markham Water Stamp Ordinance. The stamps must be affixed to the deed when the title is recorded.
2. A Copy of Deed that is to be recorded must be submitted along with this application.
3. Final reading of water meter and payment of final bill, as well as payment of all outstanding debts due and owing the City with respect to the subject property, is required before water stamps are purchased. **Contact the Water Department at (708) 331-4905 x311, 306 or 305 to make arrangements for the final reading.**
4. A City Inspection is required if the property is being sold or transferring ownership, **contact the Building and Housing Department at (708) 331-4905 x314** for more information on the procedures to schedule an inspection.
5. The Water Stamp Payment is \$50.00 per property index number and may be only paid with cash, certified check, money order and credit/debit card – **No Personal/Company Checks will be accepted.**
6. **No Refunds will be given on Lost, Stolen or Misplaced Water Stamps.**

**NOTE: IT IS RECOMMENDED THAT WATER STAMPS ARE APPLIED FOR AT LEAST A WEEK PRIOR TO CLOSING OF PROPERTIES AS THE WATER STAMPS MAY NOT BE ISSUED ON THE SAME DAY AS APPLIED.**

APPLICATION DATE			
PLEASE CHECK APPROPRIATE BOX	RESIDENTIAL	COMMERCIAL	VACANT LOT
PLEASE CHECK APPROPRIATE BOX	DECLARATION	EXEMPTION	
ADDRESS OF PROPERTY			
PROPERTY INDEX NO.			
DATE OF DEED	TYPE OF DEED		
EXEMPTION ONLY: The City of Markham Water Stamp Ordinance specifically exempts certain transactions from taxation (Refer to Real Estate Transfer Tax Exemptions List). In order to claim one of these exemptions, complete the appropriate space below)			
EXPLANATION OF EXEMPTION			

I hereby declare that the full actual consideration and above facts contained in this declaration to be true and correct. I have read and understood all procedures and requirements set forth by the City of Markham and the Building and Housing Department.

GRANTOR (PLEASE PRINT)			
NAME	ADDRESS	ZIP	
SIGNATURE (SELLER OR AGENT)	DATE		
GRANTEE (PLEASE PRINT)			
NAME	ADDRESS	ZIP	
SIGNATURE (BUYER OR AGENT)	DATE		

City of Markham ° 16313 Kedzie Parkway ° Markham Illinois 60428 ° PH: 708.331.4905 x314 ° Fax: 708.331.9250

ATTACHMENT B

CITY OF MARKHAM: WATER STAMP CHECKLIST

FOR OFFICE USE ONLY

**BUILDING AND HOUSING DEPARTMENT**

Inspection ordered? Yes/No/Not Applicable Date Completed: \_\_\_\_\_  
Re-Inspection: Yes/No/Not Applicable Date Completed: \_\_\_\_\_  
Occupancy Approved: Yes/No/Pending Date Approved: \_\_\_\_\_  
Certificate of Occupancy Issued: Yes/No Issued Date: \_\_\_\_\_  
Grass Cutting Fees Paid: Yes/No If No, Total Amount Outstanding: \$ \_\_\_\_\_ File #: \_\_\_\_\_  
For Rental Use: Yes/No Property Occupied: Yes/No If Yes, will tenant/occupant remain: Yes/No If No, Eviction Date: \_\_\_\_\_  
Is property registered under Crime-Free Housing: Yes/No If Yes, Registration #: \_\_\_\_\_  
Building and Housing Department Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WATER DEPARTMENT**

Account #: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Current Read: \_\_\_\_\_ Read By: \_\_\_\_\_  
Previous Read: \_\_\_\_\_ Read By: \_\_\_\_\_ Ordered By: \_\_\_\_\_  
Consumption: \_\_\_\_\_ Deposit \_\_\_\_\_ Final Bill Total: \$ \_\_\_\_\_  
Meter: Yes/No Date Requested: \_\_\_\_\_ By: \_\_\_\_\_  
Construction Meter Finalized: Yes/No/Applied  
Bulk Garbage/Grass Cutting Fees/Board Up Fees Paid: Yes/No If No, Total Amount Outstanding: \$ \_\_\_\_\_  
Markham Water Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MUNICIPAL COURT**

*Liens/Tickets Paid: Y/N* If No, Total Amount Outstanding: \$ \_\_\_\_\_  
Municipal Court Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY CLERK OFFICE**

Water Stamp Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exemption: Yes/No Fee: \$ \_\_\_\_\_  
City Clerk Office Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_