



CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION
121 N. LaSalle St., Room 805
Chicago, IL 60602

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www.cityofchicago.org/bacp

<u>OFFICE USE</u>
Date Received: _____

  @ChicagoBACP

SHARED HOUSING REGISTRATION APPEAL FORM

INSTRUCTIONS

- You have 10 calendar days from the notice date of registration denial to appeal and request a hearing.
- If a hearing is required, BACP will notify you of your scheduled hearing date. Hearings will take place at City Hall, 121 N. LaSalle Street - Room 805.
- To appeal the denial of registration for your unit you must timely submit the following documents to houseshareappeals@cityofchicago.org:
 - Completed Shared Housing Registration Appeal Form;
 - Copies of any and all documentation or evidence that support your appeal; and
 - A copy of the denial letter regarding the shared housing unit registration at issue.

APPELLANT INFORMATION

Host Name: _____

Host Mailing Address: _____

Host Telephone Number: _____

Host E-Mail Address: _____

Shared Housing Unit Address: _____

Registration Denial Identification Number: _____

(Located at the top of your registration denial notification)

Brief Statement Regarding the Basis of Your Appeal:

ACKNOWLEDGEMENT

I hereby certify that the information supplied in this form is true, correct, and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such statement to a range of civil and criminal penalties.

Signature: _____ Date: _____