



  @ChicagoBACP

**CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION**
Consumer Fraud Unit
2350 W. Ogden Ave., 2nd Floor
Chicago, IL 60608

Tel. 312-743-5185 Fax. 312-743-1841
www.cityofchicago.org/bacp

OFFICE USE

Date Received: _____

Processed By: _____

CSR#: _____

VACATION RENTAL INVESTIGATION FORM

INSTRUCTIONS

- Please complete ALL information requested below. Failure to do so may result in a delay or rejection of your complaint.
- After completing, please sign and date the form. If your complaint is not legible or is not signed, your complaint will not be processed.

YOUR INFORMATION

Name

Address Unit # City State Zip Code

Daytime Telephone No. Evening Telephone No. E-Mail

Would you be willing to testify to the violation that has been alleged? Yes No

INFORMATION REGARDING THE BUSINESS / PERSON YOU ARE REPORTING

Name of Business

Address of Business Unit # City State Zip Code

Telephone No. E-Mail

Name of Contact Person/Sales Person/Manager

PLEASE MAIL, FAX OR EMAIL TO:

Department of Business Affairs and Consumer Protection
Consumer Fraud Unit
2350 W. Ogden Ave., 2nd Floor
Chicago, IL 60608
Fax. 312-743-1841

Email Address: BACPconsumer-fraud@cityofchicago.org

NOTE: IF YOU ARE FAXING THIS FORM, PLEASE INCLUDE A FAX COVER SHEET



VACATION RENTAL INVESTIGATION FORM CONT.

1. Please describe the exact details of the vacation rental. (Please attach additional sheets as needed)

2. Who is the owner of the property?

3. What is the website address for the rental property?

4. Is this a condominium? Yes No

(a) Has the Homeowner's association approved the rental? Yes No I don't know
 (If available to you, please attach a copy of the associations by-laws)

(b) If known, what is the association's contract information?

Name	Address	Telephone	Email
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5. Is the vacation rental property rented for fewer than 24 consecutive hours?

6. Have you observed any criminal activity on the vacation property? (If yes, please describe)

BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION

RECEIPTS, INVOICES, LETTERS, FRONT AND BACK OF CANCELLED CHECKS, PICTURES, ADVERTISEMENTS, ETC.



READ THE FOLLOWING BEFORE SIGNING: The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is **true and accurate** to the best of my ability.

Signature

Date Submitted