

Community Development Department
255 South Lincoln Avenue
O'Fallon, IL 62269
Phone: 618-624-4500 Ext. 4
Fax: 618-624-4534



"AS IS" Form for Buyer

Date: _____

I, _____, am purchasing the property located at

"AS IS." I understand that as the new owner of the property, I am assuming the responsibility for obtaining the City's Occupancy Permit and complying with all requirements as stated in the City of O'Fallon's Property Maintenance Code.

I acknowledge that no occupancy may take place until an inspection has been performed and it has been determined that there are no known life safety hazards.

I agree to schedule an inspection within **30 days of submitting this form**. If I require additional time I agree to request an extension in writing.

Property is/will be: ☐ **Owner Occupied** ☐ **Tenant Occupied** ☐ **Unknown**

Printed Name

Mailing Address

City, State, Zip

Phone Number

Signature

State of Illinois
County of St. Clair

This instrument was acknowledged before me on _____.

Notary Public