

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 Seller

Date: _____

I, _____ am selling the property located at
_____ in an "AS IS" condition.

The buyer will be responsible for obtaining the City's Occupancy Permit
and complying with all requirements as stated in the City of O'Fallon's
Property Maintenance Code.

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