

Occupancy Information

(PLEASE PRINT)

AN OCCUPANCY PERMIT IS HEREBY REQUESTED FOR THOSE NAMED BELOW TO OCCUPY THE PREMISES KNOWN AS:

(PROPERTY ADDRESS) _____

OWNER/LANDLORD OF PROPERTY _____ PHONE: _____

Names and Ages of Head of Household (Spouse/Boyfriend/Girlfriend):

_____ AGE _____

_____ AGE _____

DEPENDENTS OF HEAD OF HOUSEHOLD WHO WILL OCCUPY THE UNIT

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

I certify that I am to be the occupant of the unit described in this application and that the information contained herein are true and accurate in all aspects to the best of my knowledge and belief under the penalty of the law. Any changes in occupancy must be given to the City of Wright City on a new application. A copy of Applicant's and Co-applicants Driver's License is required.

SIGNED _____ DATE _____

SIGNATURE WITNESSED BY CITY EMPLOYEE: _____

.....OFFICE USE ONLY.....

Number of Bedrooms _____ Number of Occupants Unit is certified for _____

Total Living Space _____ Bedroom Sq. Ft. #1 _____ #2 _____ #3 _____ #4 _____

Approved _____ Denied _____ Date _____

Request for Trash Service

Customer Name _____

Co-Occupant Name _____

Address (service/mailing) _____

Cell Phone (1) _____ Email: _____

Social Security _____ Date of Birth _____

Co-Occupant Social Security _____ Date of Birth _____

Cell Phone (2) _____ Email: _____

E-bill or Paper Bill

_____ Owner Occupied _____ Rental _____ Senior Citizen Discount

Property Owner of Rental _____ Phone Number _____

Address _____ City _____ State _____

Tote Requested: YES _____ NO _____ (#3.00/month) Recycle Tote comes free of charge

Date Service Begins: _____ (closing/lease date)

****City of Wright City does require a copy of Driver's License****

A penalty will be assessed for all payments made after the posted due date. Utility accounts are considered past due 15 days following the due date. If my account is closed and not paid I am responsible for any fee that is charged for collection of my unpaid debt. I have read and understand the terms for which trash service will be billed to my account and that all of the above information is correct. I further understand that the Board of Alderman may revise my rates.

Signature _____ Date _____

Number in household _____ How many school age? _____

.....Office Use Only.....

Fax for trash pick-up _____ Account # _____

In computer _____ Book/Seq _____

