

Occupancy Information

(PLEASE PRINT)

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

(PROPERTY ADDRESS) _____

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 _____

.....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

Occupant Name _____

Co-Occupant Name _____

Address (service) _____

Address (mailing – if different than above) _____

Occupant Cell Phone (1) _____ Email: _____

Social Security _____ Date of Birth _____

Co-Occupant Cell Phone (2) _____ Email _____

Social Security _____ Email: _____

_____ Home Owner _____ Rental _____ Senior Citizen Discount

If renting: Property Owner of Rental _____ Phone Number _____

Address _____ City _____ State _____

How would you like your bill? Paper Bill Email Bill ACH Payment

(YOUR ACCOUNT WILL AUTOMATICALLY BE SET UP FOR E-BILL UNLESS OTHERWISE STATED)

Would you like a trash tote? YES _____ NO _____ (#3.00/month)

Would you like to recycle? YES _____ NO _____ (Recycle totes comes free of charge)

Date Service Begins: _____ (closing/lease date)

****We will require a copy of your Driver's License and Settlement Statement or Rental Agreement****

Utility accounts are considered past due 30 days after the bill date. A penalty of \$20.00 will be assessed for all payments made after the posted due date and re-occur monthly if the account has an outstanding balance. If my account is closed and not paid I am responsible for any fee that is charged for collection of my unpaid debt. I agree to pay a collection fee of 40% in the event the City of Wright City retains a Collection Agency. 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 _____

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

Email for trash pick-up _____ Account # _____

In computer _____ Book/Seq _____

Master _____ Scanned to Account _____