APPLICATION FOR RESIDENTIAL OCCUPANCY AND UTILITY SERVICE



Check all th	nat apply: _	Existing Ho	use	New House	Apartment		
Requested Utility Start/Stop (circle one) Date:							
am that	Owner	Dontor	A aont	/Managament Com	nany.		

Requested Utility Start/Stop (circle one) Date:	200 E. Fourth St Wentzville, MO 63385
I am the:OwnerRenterAgent/Management Company	(636) 327-5102
Complete all fields-use N/A if not applicable. Please Print Legibly	
Applicant Name:	Cell/Home Phone:
Applicant Name (2):	Cell/Home Phone:
Property Address:City:	Zip:
Mailing address (if different than above):	
Current/Previous Wentzville Address:	
Birthdate: Driver's License #:	
Email: Bill sent via	email?YesNo
Stories: # of Bedrooms:	# of Bathrooms:
Number of persons occupying this address: Adults C	
If this property is rented complete the following information:	
Owner Name:	Phone:
Owner Address:	City:Zip:
City provided Utilities include Water, Sewer and Trash Service (BILLED MONTHLY). If desired Check all that apply.	I you may choose additional options beyond regular service
Solid Waste w/96 gallon cart or64 gallon cart (If available) & R	ecycling cart \$15.00/per month
Solid Waste w/private can & Recycling w/cart	\$13.50/per month
Yard Waste Service w/cart	\$11.00/per month (March-December
Yard Waste Service w/private can	\$ 9.00/per month (March-December)
Senior Discount (62 or over)	\$0.50/credit per month
Round Up (Bill rounds to nearest dollar. All donations go to Senior Me	als on Wheels Program)
The City is not responsible for any deficiencies or defects on the premises. It is unlawful to occup occupants. Occupancy permits are valid for 3 months from the date issued. No part of these premises may be used for business purposes without a Home Occupation regist A new occupancy permit will be required should utility service be disrupted for non-payment or un	ration from City Hall.
Signature of Applicant Date	<u> </u>
Office Use Only Transfer of Occupancy Utilities	DEPOSIT SERVICE FEES

Occupancy Paid Date: _____ Deposit Paid Date: Receipt #: Receipt #:_____ Check #:_____ Check #: Insp. date/time: _____ Account #:_____ Date Approved: _____ SO#:_____ Int: _____ OP#____ Staff: _____

SERVICE FEES				
OCCUPANCY	\$			
ON/OFF FEE	\$			
BILL DEPOSIT \$				
NO DEPOSIT WITH GOOD HISTORY				
TOTAL	\$			