



# APPLICATION FOR RENTAL OCCUPANCY (WATER / SEWER / TRASH)

City of Troy - 116 E. Market St. - Troy, Illinois 62294  
Public Works Dept. (618) 667-9924 ext 2

www.troyil.us

A permit is hereby requested for those named below to occupy the premises at:

No. \_\_\_\_\_ Street \_\_\_\_\_ Unit \_\_\_\_\_

Anyone occupying the premises is named hereon. Any person not named hereon who moves into these premises after the permit is issued is violating the law unless such additional occupancy is authorized by the Public Works Department and this permit is amended.

- Commercial applications must be submitted with - \$100 water / sewer deposit & I.D.
- Rental application must be submitted with - \$100 water / sewer deposit & I.D. for all occupants 18 years of age or older.

## TENANT:

Tenant's Name (First/ M.I./ Last): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell / Work Phone Number(s) \_\_\_\_\_

ID / Driver's License Number (State/Number): \_\_\_\_\_ Email Address: \_\_\_\_\_

## PROPERTY DESCRIPTION:

Residential

Commercial

## ADDITIONAL OCCUPANTS:

1.) Full Name: \_\_\_\_\_ Relationship to Tenant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

2.) Full Name: \_\_\_\_\_ Relationship to Tenant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

3.) Full Name: \_\_\_\_\_ Relationship to Tenant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

4.) Full Name: \_\_\_\_\_ Relationship to Tenant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

5.) Full Name: \_\_\_\_\_ Relationship to Tenant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

*I certify that I am the occupant of the unit described in this application. I also certify that the information contained herein is true and accurate in all aspects to the best of my knowledge.*

Applicant / Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*\*OFFICE USE ONLY\*\*\*

Passed Inspection     Deposit Paid/Date \_\_\_\_\_     Previous Residency     Move In Date  
 Copy of ID     Scanned     Emailed     Clerk (initial)