

CITY OF MOLINE ACRES
HOUSING OCCUPANCY PERMIT APPLICATION

Date: ____ - ____ - ____

Violation of Ordinance 405.695 can result in fines of \$10.00 to \$500.00 as long as the violation continues.

PLEASE PRINT (CHECK ONE) RENTING _____ BUYING/OWN _____

Please fill out this form in its entirety, we can not accept with any missing information.

Address of Residence: _____ Phone #: _____

Head of Household: _____ S. S. #: ____ - ____ - ____ DOB: ____/____/____

Email: _____

Spouse Name: _____ S. S. #: ____ - ____ - ____ DOB: ____/____/____

DO YOU HAVE ANY PETS? YES _____ NO _____ TYPE _____

NAME OF OCCUPANT(S)

RELATIONSHIP

****DO NOT INCLUDE SELF/SPOUSE****

DOB:
MM/DD/YYYY

First Name MI Last Name

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

(RENTAL PROPERTY ONLY)

Owner's Name: _____ Phone #: _____

Address: _____
Street Name City State Zip Code

ACCORDING TO ORDINANCE: ONLY THE PEOPLE LISTED ON THIS OCCUPANCY PERMIT MAY LIVE IN THIS RESIDENCE. IF ANY CHANGES ARE MADE IN THE FUTURE, YOU WILL HAVE TO NOTIFY CITY HALL.

I certify that the information I have given is true and complete. I understand it is unlawful to occupy these premises without first receiving a permit to allow any person not on this application to occupy these premises. Any falsification of this application shall void said permit.

Applicant's Signature Date

City Personnel's Signature Date

-----FOR OFFICE USE ONLY-----

Inspection approved: ____/____/____ Inspection Approved Permit Number: _____

Occupancy Permit Number: _____ Landlord License#: _____ Occupancy Limit: _____