



CITY OF WEST CHICAGO

475 Main Street · West Chicago, IL 60185

Phone: (630) 293-2200 · Fax: (630) 293-1257 · www.westchicago.org

APPLICATION FOR RESIDENTIAL OCCUPANCY

Date

*Case Number
(By City)*

Property address

*Occupancy Load
(By City)*

Approximate closing date

Occupancy type: (check one) _____ *owner occupied* _____ *rental*

_____ *Total number of planned occupants*

By signing below, I acknowledge I am responsible for the above dwelling unit and agree that the number of residents shall not exceed the official OCCUPANCY LOAD specified.

PRINT NAME LEGIBLY

SIGNATURE

Name of real estate firm/owner/agent with whom applicant has dealt in this transaction

Agent

Firm

(_____) _____
Telephone

Address

YOU MUST CONTACT THE WATER BILLING DEPARTMENT AT 630-293-2200 EXT. 142 TO PUT THE WATER SERVICE IN YOUR NAME.