



## CITY OF WEST CHICAGO

475 Main Street · West Chicago, IL 60185

Phone: (630) 293-2200 · Fax: (630) 293-1257 · [www.westchicago.org](http://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 TO PUT THE WATER SERVICE IN YOUR NAME.**