

OCCUPANCY REGISTRATION

(To be completed by both Tenant and Property Owner at or before move-in date)

PLEASE PRINT ALL INFORMATION

Today's Date _____ Service Address _____

I, _____ am residing at the above named street as
(first name) (middle initial) (last name)

of _____ I agree to take full responsibility for paying the utility bills associated with
(date of move-in)

the following services provided by the City of Marion per Aqua Water start order date.

Check all that apply for tenant to pay: _____ Sanitation(trash) _____ Sewer _____ Storm

I request that the bill be mailed to (address) _____

Phone No. (day) _____ (evening) _____

FULL NAME of all persons living at this address: _____

_____/_____/_____/_____

Social Security No. _____ Driver's License No. _____

Date of Birth: _____ Previous Address: _____

Place of Employment _____ Employer Phone No. _____

Secondary Contact Name (relative/friend) _____ Phone No. _____

My signature is to authorize the City of Marion to bill me for the services(s) indicated above. I understand that the City will use all legal means to insure timely collection of this utility bill. Further, I certify that the name given on this form is the same person listed on the Aqua water account.

Occupant/Tenant Signature _____ Date _____

Property Owner Information

(if different from above)

Name of property owner (LLC/partnership, etc - include name of person representing owner)

Business address: _____ Phone No. (day) _____

Request duplicate bill be sent to above address? _____ Yes _____ No

Is this property in the Metro Housing Program? _____ Yes _____ No

Check all that apply for property owner to pay: _____ Sanitation(trash) _____ Sewer _____ Storm

I agree with the above information as presented by the tenant and agree to abide by City Codified Ordinances.

Property Owner Signature _____ Date _____

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

Account No. _____

Received By: _____

Information Entered in NW