

REQUEST FOR OCCUPANCY INSPECTION

This form must be filled and returned to the Building and Zoning Department, 2000 Edison, Granite City, Illinois 62040 with a copy of your lease agreement or rent receipt before any occupancy permit will be considered or before any inspections will be scheduled. If you have any questions you may call the Building and Zoning Department Monday through Friday between 8:00 a.m. and 4:00 p.m. at 618-452-6218

Date ____/____/____ Location _____
Month Day Year Address of property to be rented

Owner _____
First Name Last Name

Manager _____ Phone _____
Name Number

Address of Owner _____
Number Street City ZIP

Phone No. of Owner _____ Cell _____

Renters and/or Occupants

1. _____
First M.I. Last Date of Birth

2. _____
 First M.I. Last Date of Birth

3. _____
First M.I. Last Date of Birth

4. _____
First M.I. Last Date of Birth

5. _____
First M.I. Last Date of Birth

6. _____
 First M.I. Last Date of Birth

7. _____
First M.I. Last Date of Birth

8. _____
First M.I. Last Date of Birth

Number of children under 16 years of age _____

Phone number where renter may be contacted if necessary prior to inspection. _____