

# City of Hawk Point

ACCOUNT #

121 West Lincoln Drive | PO Box 302 | Hawk Point, MO | 63349  
Phone: 636-338-4377 \* Fax 636-338-4827

## OCCUPANCY CERTIFICATE RESIDENTIAL

NAME: \_\_\_\_\_  
*Last* *First* *MI*

- PURCHASE: OWNER OCCUPIED
- RENTAL: TENANT OCCUPIED

**FOR RENTERS ONLY**

NAME OF PROPERTY OWNER \_\_\_\_\_  
ADDRESS OF PROPERTY OWNER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

The undersigned prospective occupant, hereby requests an Occupancy Permit to occupy the dwelling at:

\_\_\_\_\_  
*Address*  
Hawk Point Missouri 63349  
*City* *State* *Zip*

### APPLICANT INFORMATION

MAILING ADDRESS:

\_\_\_\_\_  
*Address*  
\_\_\_\_\_  
*City* *State* *Zip*

HOME PHONE: ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

WORK PHONE: ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

OTHER PHONE: ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
*Month* *Day* *Year*

DRIVERS LICENSE No.: \_\_\_\_\_ STATE: \_\_\_\_\_

