

**VILLAGE OF NEW RICHMOND UTILITY DEPARTMENT**  
**MULTIPLE UNIT – OCCUPANCY REPORT**

Address: \_\_\_\_\_ Account # \_\_\_\_\_

Name of Property Owner(s) \_\_\_\_\_

Mailing Address of Owner(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

# of Building Units: \_\_\_\_\_ # of Units Occupied: \_\_\_\_\_ As of: \_\_\_\_\_

Does the property utilize a dumpster for garbage service? (Circle one): Yes / No

**Please List First and Last Names and Apartment Number of Tenants/Residents:**

Apt # \_\_\_\_\_ Tenant(s) Name(s) \_\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Apt # \_\_\_\_\_ Tenant(s) Name(s) \_\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Apt # \_\_\_\_\_ Tenant(s) Name(s) \_\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Apt # \_\_\_\_\_ Tenant(s) Name(s) \_\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Apt # \_\_\_\_\_ Tenant(s) Name(s) \_\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Apt # \_\_\_\_\_ Tenant(s) Name(s) \_\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*NOTE: For more than six (6) units, add information to back of this page*

Reports are due in the New Richmond Utility Offices on or before the 20<sup>th</sup> of the month. Reports received after the 20<sup>th</sup> of the month will be applied to the following billing period

With my signature I am confirming that the above information is true and accurate. Furthermore with my signature I understand that if this information is proven to be incorrect I will be billed at double the normal rate for the period in question.

\_\_\_\_\_  
Signature-Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_