



**CITY OF ST. JOHN**  
**OWNER'S AFFIDAVIT**  
 314-427-8700 x 3, 314-427-6818 (fax)  
 Email: stjohndocs@cityofstjohn.org

Comes now \_\_\_\_\_  
 (Owner /Agent's **Printed** Name)

Owner of \_\_\_\_\_ and does hereby affirm that the  
 (Address of Property in St. John)

following persons have owner's permission to reside at the above property:

***Owner/Agent must fill out this entire form and personally return it to City Hall. Tenant may not complete or return form. Any differences in handwriting or ink will void this affidavit.***

| Occupant(s) Name(s)<br>(Including children) | D.O.B. | Occupants' Relationship<br>to Head of Household |
|---|--------|---|
| 1. _____<br>Head of Household               |        |   |
| 2. _____                                    |        |   |
| 3. _____                                    |        |   |
| 4. _____                                    |        |   |
| 5. _____                                    |        |   |
| 6. _____                                    |        |   |
| 7. _____                                    |        |   |
| 8. _____                                    |        |   |

I affirm that the information contained herein is accurate to the best of my knowledge and belief. I further understand that although I am giving permission for the above to reside at the home, I understand that they have the right to remove themselves from the occupancy permit at anytime without my written/oral permission. The City will only verify occupants being added; not those removed. **Reminder: Tenants may not move in prior to obtaining their occupancy permit, or a \$75 penalty will be imposed.**

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Owner/Agent's Signature Date Signed