

PLANNING AND ENROLLMENT 7387 S. Campus View Drive • West Jordan, UT 84084 PHONE: 801-567-8251 • FAX: 801-567-8061 Caleb Olson, Consultant

Affidavit of Occupancy

I,(Primary Resident/Owner)	_, do hereby attest that the property located			
at(Property Address)			is being joir	ntly occupied by
	as of the	C	dav of	
(Co-occupant)		(Day)		(Month)
in the year of I further certify th	at I have soug	ht no mon	etary payme	ent from
the co-occupant as part of this arrangemen	nt.			
Primary Resident/Owner Contact I	nformation:			
Name:				
Mailing Address:				
Phone Number:				
Relationship to Co-occupant:				
Primary Resident/Owner Signature:			Date:	
State of Utah				
County of Salt Lake				
Subscribed and sworn to before me on this	day	of		, in the year
20, by(Primary Resident/Owned	ar)	_·		
(Frindly Resident/Owne	51)			
(Notary Public)		_		(Seal)
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