

LOWER MT. BETHEL TOWNSHIP

P.O. Box 257
Martins creek, PA 18063
PHONE: 610-252-5074
FAX: 610-253-8971

Moving Permit

1) Please provide the following name(s) and information of each person that is (are) 18 years old and older (including your spouse or relatives) residing in your home or apartment OR the name of any business corporation as shown on the property deed or lease agreement:

Name (Husband) _____ Social Security # _____

Employer name _____
Employer Address _____
Daytime phone number _____ Evening phone number _____

Name (Wife) _____ Social Security # _____

Employer name _____
Employer Address _____
Daytime phone number _____ Evening phone number _____

Name (other) _____ Social Security # _____

Employer name _____
Employer Address _____
Daytime phone number _____ Evening phone number _____
_____ ~~Evening phone number~~ _____

2) Moving to: (New Property Address) _____

3) Moving from: (Old Property Address) _____

4) Approximate Moving (In or Out) Date: 5) Mailing Address if different from above:

6) The applicant of this moving permit is: (please check one)

- New tenant New property owner a New company or business child move out<chool
 Old Tenant Old property owner a Old company or business

OFFICE USE ONLY

Permit Fee_____ Receipt# _____Check] _____ Paid by: check cash
Permit issued by: