

LOWHILL TOWNSHIP
Lehigh County, Pennsylvania
MOVING PERMIT

For OFFICE USE

Family# _____

Local Address _____

Tax Map # _____

Date Home Phone Cell Phone E-mail

Moving From Mailing Address

Moving To

City, state, Zip Code

City, State, Zip Code

Moving Date(s)

Please include Children Names Below

Own
Rent

Resident
Last Name
#1

First Name

Birth Date

Gender

Employer/Business

Occupation

#2

#3

#4

#5

#6

#7

#8

The above person or persons are aware the Ordinance No 94-2 Lowhill Township provides penalties for the furnishing of false information. There is no fee for the moving permit.

RESIDENT'S SIGNATURE : _____ ACCEPTED BY: _____

MAIL TO : LOWHILL TOWNSHIP, 2175 Seiptstown Road, Fogelsville, PA 18051-2022 Phone: 610-285-6660 Fax: 610-285-4235

Note: If you would like a copy of this moving permit, please include a self-addressed stamped envelope.

In addition to this form, please remember to change your voting information. Application forms are available at the Township Building

EM _____ EIT _____ CEN _____ ASSESS _____ COM _____ LCA _____