

FOR OFFICE USE

Family # _____
Local Address _____
Tax Map # _____

LOWHILL TOWNSHIP
Lehigh County, Pennsylvania
MOVING PERMIT

Date _____ Home Phone # _____ Cell Phone # _____ Email _____

Moving from: (mailing address)

Moving to:

_____ # AND STREET + P.O. BOX (if applicable)

_____ # AND STREET + P.O. BOX (if applicable)

_____ CITY STATE ZIP CODE

_____ CITY STATE ZIP CODE

MOVING DATE(S) _____ (Required) OWN _____ RENT _____

RESIDENT #1 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #2 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #3 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #4 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #5 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #6 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #7 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

RESIDENT #8 LAST NAME FIRST NAME MI BIRTHDATE M/F NAME OF BUSINESS/EMPLOYER OCCUPATION

Please include children.

RESIDENT'S SIGNATURE _____ ACCEPTED BY _____

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.

MAIL TO: LOWHILL TOWNSHIP, 2175 SEIPSTOWN ROAD, FOGELSVILLE, PA 18051-2022
Phone: 610-285-6660 Fax: 610-285-285-4235

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 _____