

EAST PENN TOWNSHIP
Moving Permit

Date of Move: _____

Phone: _____ Email: _____

Emergency Information: Hearing Impaired:___ Non-Ambulatory:___ Not English Speaking:___

Old Address: _____
Street

City State Zip

New Address: _____
Street

City State Zip

Please list ALL person(s) moving:

Full Name:	Age:	Date of Birth:	Occupation:

Additional notes (i.e. "moving in with" or "person(s) still residing"):

Fee: \$5.00; \$10.00 if after the move

Signature: _____ Date: _____

Received By: _____ Permit #: _____ Paid: _____