

FOR OFFICE USEFamily # _____
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, 7000 Herber Road, New Tripoli, Pa 18066Phone: 610-298-2641 jseymour@lowhilltp.org

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 _____