

FOR OFFICE USE
Family # _____
Local Address _____
Pin # _____

WEISENBERG TOWNSHIP
Lehigh County, Pennsylvania
MOVING PERMIT

Date _____ Home Phone # _____ Cell # _____ 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 _____

MOVING: INTO THE TOWNSHIP _____ **OUT OF THE TOWNSHIP** _____ **WITHIN THE TOWNSHIP** _____

RESIDENT #1	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #2	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #3	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #4	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #5	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #6	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #7	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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RESIDENT #8	LAST NAME	FIRST NAME	MI	BIRTHDATE	M/F	NAME OF BUSINESS/EMPLOYER	OCCUPATION
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Please include children.

RESIDENT'S SIGNATURE _____ ACCEPTED BY _____

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

MAIL TO: WEISENBERG TOWNSHIP, 2175 SEIPSTOWN 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.

COMPUTER _____ WASTE MANAGEMENT _____ BERKHEIMER _____

EM _____ CEN _____ ASSESS _____ LCA _____