

SALISBURY TOWNSHIP APPLICATION FOR MOVING PERMIT

Send completed form along with \$1.00 fee to: Salisbury Township Finance Office
2900 S. Pike Ave.
Allentown, PA 18103

PERMIT # _____

YOUR INFORMATION:

NAME _____
SOCIAL SECURITY NUMBER _____
EMPLOYER _____
IS EARNED INCOME TAX WITHHELD FROM YOUR CHECK? Y _____ N _____

SPOUSE'S INFORMATION:

NAME _____
SOCIAL SECURITY NUMBER _____
EMPLOYER _____
IS EARNED INC TAX WITHHELD FROM SPOUSE'S CHECK? Y _____ N _____

MOVING INFORMATION:

FROM
ADDRESS _____

MUNICIPALITY _____
SCHOOL DISTRICT _____
TO
ADDRESS _____

MUNICIPALITY _____
SCHOOL DISTRICT _____
DATE OF MOVE _____ **IS THIS A TEMPORARY MOVE?** Y / N

LIST ALL OTHERS 18 YEARS OF AGE & OLDER WHO ARE MOVING WITH YOU:

NAME	SOCIAL SECURITY NO.
_____	_____
_____	_____
_____	_____
_____	_____

YOUR SIGNATURE _____ DATE _____

FINANCE OFFICE USE/AUTHORIZED SIGNATURE: