

SALISBURY TOWNSHIP APPLICATION FOR MOVING PERMIT

Send completed form along with \$10.00 fee to:

Salisbury Township Finance Office
 2900 S. Pike Ave.
 Allentown, PA 18103

PERMIT # _____

YOUR INFORMATION:

NAME _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

PHONE NUMBER: Home _____ Cell _____

EMPLOYER _____

IS EARNED INCOME TAX WITHHELD FROM YOUR CHECK? Y / N (circle one)

SPOUSE'S INFORMATION:

NAME _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

PHONE NUMBER: Home _____ Cell _____

EMPLOYER _____

IS EARNED INCOME TAX WITHHELD FROM YOUR CHECK? Y / N (circle one)

MOVING INFORMATION:		Please Check	
FROM		<input type="checkbox"/> New Home Construction <input type="checkbox"/> Owner - Resale <input type="checkbox"/> Rental Unit within Multi Units/Apt Building <input type="checkbox"/> Rental Inspection Completed <input type="checkbox"/> Rental Unit within existing dwelling <input type="checkbox"/> Residing with: _____	
ADDRESS _____ _____	MUNICIPALITY _____ SCHOOL DISTRICT _____	LANDLORD INFORMATION NAME: _____ ADDRESS: _____ ADDRESS: _____ PHONE: _____ RESIDENT EMAIL ADDRESS: _____	
TO			
ADDRESS _____ _____	MUNICIPALITY _____ SCHOOL DISTRICT _____	IS THIS A TEMPORARY MOVE Y / N	
DATE OF MOVE _____			

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

NAME(S):	LAST 4 DIGITS OF SSN(S):
_____	_____
_____	_____
_____	_____

By signing this form, Applicant attests that all information provided herein is true and accurate. Any false or incorrect information provided is punishable under Ordinance of Salisbury Township, Lehigh County, Pennsylvania.

YOUR SIGNATURE _____ DATE _____

OFFICE PERSONNEL AUTHORIZED USE:

SIGNATURE _____ DATE _____