

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: IF RENTING, PLEASE COMPLETE:

FROM	Are you moving into an Apartment Bldg? Y / N
ADDRESS _____	Name of Complex: _____

MUNICIPALITY _____	Are you moving into a separate apartment within a home? Y / N
SCHOOL DISTRICT _____	If yes:
TO	Does the unit have it's own kitchen? Y / N
ADDRESS _____	Is there a private entrance? Y / N

MUNICIPALITY _____	Is the unit located in the basement? Y / N
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(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 _____

FINANCE OFFICE PERSONNEL AUTHORIZED USE:

SIGNATURE _____ DATE _____