

# MOVING PERMIT

WASHINGTON TWSP.-LEHIGH COUNTY-NORTHERN LEHIGH SCHOOL DISTRICT

Mailing & Office Address: 7951 Center Street, Emerald, PA 18080

Telephone: 610-767-8108

**This Form Must Be Filled Out In Full – Insert N/A If It Does Not Apply To Your Situation. Press Firmly!**

Date \_\_\_\_\_

Full Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Home Phone \_\_\_\_\_

Moving From \_\_\_\_\_  
Street or Box No. \_\_\_\_\_

Town or City

State

Zip

Moving To \_\_\_\_\_  
Street or Box No. \_\_\_\_\_

Town or City

State

Zip

Do You Own Or Rent? (Circle One)

Are You Moving In or Out Or Relocating  
In Washington Twsp.? (Circle One)

All other Occupants of your Household:

Date Moving or Moved \_\_\_\_\_

First Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

First Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

First Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

First Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

First Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Name(s) of new occupant (if you are moving out) \_\_\_\_\_

Name(s) of former occupant (if you are moving in) \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Approved by Secretary

Fee \$1.00 – Payable to Washington Township, Lehigh County, 7951 Center Street, Emerald, PA 18080

(4 Copies) **White**, Twp. Office; **Canary**, School District; **Pink**, Tax Collector; **Goldenrod**, Applicant