Upper Milford Township

Moving Permit (No Fee Required)

Distribution: EPSD, Tax Collector, Property File

PO Box 210 Old Zionsville, PA 18068

Phone: 610.966.3223; Fax: 610.966.5184

Approximate M	loving Date:				
Check if:	Check if:	Landlord Information:			
New House Constructed	Single Family	Landlord Name:			
Owner - Resale	Townhouse / Twin	Landlord Address:			
Tenant	Apartment / Rental Unit	Address:			
		Landlord Phone:			
	PRIM	ARY:			
Last Name	First Name		M.I.	Age	
From Address	(include unit no. if applicable	e)	From City, State, Zip		
To Address	(include unit no. if applicable	e)	To City, State, Zip		
	ADDITIONAL FA	MILY MEMBERS:			
Last Name (Spouse)	First Name		M.I.	Age	
Last Hame (opedes)	riistivamo		IVI.1.	Age	
Last Name	First Name		M.I.	Age	
				<u></u>	
Last Name	First Name		M.I.	Age	
Last Name	First Name		M.I.	Age	
	CONTACT INFORMA	ATION / COMMENTS:			
		Intereste	Interested in volunteering.		
Phone Number:	E-mail:				
Signature o	f Applicant:				
TOWNSHIP USE ONLY:	Note: Please use re	everse side if additional s	pace is need	led for more people	
		-			
Date Application Received	Date Permit Issued	Approved B	Approved By: (Township Personnel)		
Occupancy Permit Number	Use Permit	Date Occup	ancy Permit	Issued	
	Verified	<u> </u>			