Upper Milford Township

PO Box 210 Old Zionsville, PA 18068

Moving Permit (No Fee Required)

Distribution: EPSD, Tax Collector, Property File

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			
Name of Cable TV Provider_		Landlord Phone	:		
	PRIM	IARY:			
				-	
Last Name	First Name		M.I.	Age	
From Address	(include unit no. if a	applicable)	From City, State, Zip		
T. A.I.	Cook to the Cook of	Paral Ira	T. 0'1 0111	. 7	
To Address		(include unit. If applicable) ADDITIONAL FAMILY MEMBERS:		To City, State, Zip	
	ADDITIONAL FA	MILY MEMBERS:			
Last Name (Spouse)	First Name		M.I.	Age	
Last Name	First Name		M.I.	Age	
Last Name	First Name		M.I.	Age	
Last Name	First Name		M.I.	Age	
	CONTACT INFORMA	ATION / COMMENTS:			
Phone Number:	E-mail:	Interested in volunteering.			
Signature o	of Applicant:				
TOWNSHIP USE ONLY:	Note: Please use r	everse side if additional	space is need	ed for more people	
Date Application Received	Date Permit Issued	Approved	d By: (Township Personnel)		
Occupancy Permit Number	Use Permit Verified	Date Occu	upancy Permit	Issued	