

Moving Permit

(No Fee Required)

Approximate Moving Date:

Check if:		Check if:		Landlord Information:	
<input type="checkbox"/> New House Constructed		<input type="checkbox"/> Single Family		Landlord Name:	
<input type="checkbox"/> Owner - Resale		<input type="checkbox"/> Townhouse / Twin		Landlord Address:	
<input type="checkbox"/> Tenant		<input type="checkbox"/> Apartment / Rental Unit		Address:	
Name of Cable TV Provider _____				Landlord Phone:	

PRIMARY:

_____	_____	_____	_____
Last Name	First Name	M.I.	Age
_____	_____	_____	_____
From Address	(include unit no. if applicable)	From City, State, Zip	
_____	_____	_____	_____
To Address	(include unit. If applicable)	To City, State, Zip	

ADDITIONAL FAMILY 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 INFORMATION / COMMENTS:

_____	_____	<input type="checkbox"/> Interested in volunteering.
Phone Number:	E-mail:	

Signature of Applicant: _____

TOWNSHIP USE ONLY:

Note: Please use reverse side if additional space is needed for more people

_____	_____	_____
Date Application Received	Date Permit Issued	Approved By: (Township Personnel)
_____	_____	_____
Occupancy Permit Number	Use Permit Verified	Date Occupancy Permit Issued