

**Upper Milford Township**

PO Box 210

Old Zionsville, PA 18068

Phone: 610.966.3223; Fax: 610.966.5184

# Moving Permit

**(No Fee Required)**

Distribution:

EPSD, Tax Collector, Property File

Email to: info@uppermilford.net

## Approximate Moving Date:

**Check if:**

New House Constructed

Owner - Resale

Tenant

**Check if:**

Single Family

Townhouse / Twin

Apartment / Rental Unit

Name of Cable TV Provider \_\_\_\_\_

**Landlord Information:**

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Address: \_\_\_\_\_

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:**

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
E-mail:

Interested in volunteering.

**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