

**EAST PENN TOWNSHIP**  
**Moving Permit**

Date of Move: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Information: Hearing Impaired:\_\_\_ Non-Ambulatory:\_\_\_ Not English Speaking:\_\_\_

Old Address: \_\_\_\_\_  
Street

City State Zip

New Address: \_\_\_\_\_  
Street

City State Zip

Please list ALL person(s) moving:

Full Name:	Age:	Date of Birth:	Occupation:

Additional notes: \_\_\_\_\_  
\_\_\_\_\_

**Fee: \$5.00; \$10.00 if after the move**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Permit #: \_\_\_\_\_ Paid: \_\_\_\_\_