

MOVING PERMIT
BOROUGH OF WIND GAP, PA
Borough Ordinance # 264

Date of Move: _____ Phone: _____ Owner: _____

Moving From Address _____

Moving To Address: _____

Emergency Information (Identify below):

Hearing Impaired Non Ambulatory Not English Speaking

Name of tenants/occupants 18 years or older:

Name _____ Age: _____ Occupation _____

Name _____ Age: _____ Occupation _____

Name _____ Age: _____ Occupation _____

Name _____ Age: _____ Occupation _____

Name, Age, and Date of Birth for Children Under Age 18:

Name: _____ Age: _____ Date of Birth: _____

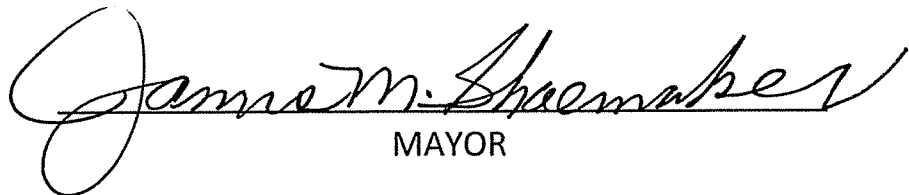
Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____


MAYOR

Received Date: _____ Received By: _____ Paid: _____