

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

Date of Move: _____ Phone: _____ Owner: _____

Moving From Address: _____

Moving To Address: _____

Emergency Information: 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: _____

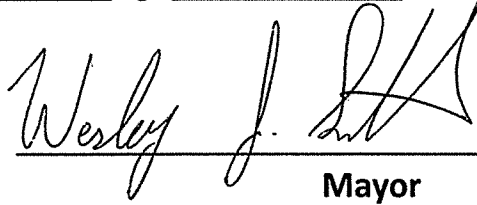
Name: _____ Age: _____ Date of Birth: _____

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: _____