

South Whitehall Township

MOVING PERMIT

Moving In Moving Out Moving Within Township

Full Name _____ Date of Birth _____

Moving From: _____

Number Street

Municipality Town or City State Zip Code

Moving To: _____

Number Street

Municipality Town or City State Zip Code

Mover: _____ Moving Date: _____

ALL OTHER OCCUPANTS OF YOUR HOUSEHOLD

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

If South Whitehall Township encounters a water quality problem that poses a public health risk, or if a system malfunction is disrupting your water or sewer service, we are required to contact you to protect the public's health. Therefore, in order for the Authority to immediately notify you in the event of an emergency, please provide your telephone number.

Your information is for South Whitehall Township's use only and **will not be shared with any other agency.**

South Whitehall Account Number _____

Primary Phone Number _____ Owner

Secondary Phone Number _____ Renter

Email Address _____

Applicant's Signature _____ Date: _____

The above person or persons are aware that Ordinance No. 168, South Whitehall Township, provides that furnishing of false information, shall upon conviction, be liable for penalties set up in the Ordinance.