

MOVING PERMIT
BOROUGH OF CATASAUQUA
90 BRIDGE STREET, CATASAUQUA, PA 18032

PERMIT NO. _____

DATE RECEIVED: _____

MOVING IN

MOVING OUT

MOVING WITHIN

NAME: _____

AGE: _____
AGE: _____
AGE: _____
AGE: _____
AGE: _____

(If you need additional space for names please list below or on back of this form.)

The above named person(s) are moving from: _____

and moving to: _____,

on _____ (Moving Date).

AFTER APRIL 1ST CURRENT YEAR PER CAPITA TAXES MUST BE PAID BEFORE MOVING PERMIT IS ISSUED.

PER CAPITA - ACCOUNT # _____ PAID: YES NO (CIRCLE ONE)

PER CAPITA - ACCOUNT # _____ PAID: YES NO (CIRCLE ONE)

Applicant Signature: _____

Email Address: _____

Phone Number: _____

The above person(s) acknowledges that the information contained herein is true and accurate to the best of their knowledge under penalty of prosecution.

Additional names (if needed):

FOR BOROUGH USE ONLY

PERMIT FEE: \$10.00

SECRETARY: _____