

# LEHIGH TOWNSHIP MOVING PERMIT

Permit issued for moving into, out of, and within Lehigh Township.

Moving Date \_\_\_\_\_

Permit No \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

New Address \_\_\_\_\_

Rent \_\_\_\_\_

\_\_\_\_\_

Own \_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_\_

Other Members of Household over 18 years of age.

\_\_\_\_\_

Social Security # \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

Date Issued: \_\_\_\_\_

By: \_\_\_\_\_

Township Representative

Fee \_\_\_\_\_

White: Township

Yellow: Tax Collector

Pink: Applicant