

**BOROUGH OF MACUNGIE
21 LOCUST ST
MACUNGIE PA 18062
610-966-2503**



PERMIT # _____

**MOVING PERMIT
FEE: \$2.00**

ALL PERSONS MOVING CAN BE LISTED ON ONE PERMIT. PLEASE PROVIDE THE FULL NAME, SOCIAL SECURITY NUMBER AND DATE OF BIRTH FOR EACH PERSON MOVING.

DATE MOVING OR DATE MOVED: _____

Employment Status: fill in letter or status for each person: **A:** full/part time, or looking for work; **B:** self-employed; **C:** OTHER: please give exact status, i.e. fully retired (will not work); fully disabled (will not work); homemaker (will not work), active duty Military Service, or a full time student.

**** NEW RESIDENTS: EMERGENCY NOTIFICATION PHONE #S:** _____ Cell Phone

Name: _____ **Employment Status** _____

SS#: _____ **Date of birth:** ____/____/____

Name: _____ **Employment Status** _____

SS#: _____ **Date of birth:** ____/____/____

Name: _____ **Employment Status** _____

SS#: _____ **Date of birth:** ____/____/____

Name: _____ **Employment Status** _____

SS#: _____ **Date of birth:** ____/____/____

Name: _____ **Employment Status** _____

SS#: _____ **Date of birth:** ____/____/____

(If more space is needed, attach a separate sheet with additional information)

ADDRESS YOU ARE MOVING FROM (SHOW NUMBER & STREET, CITY, STATE, ZIP):

ADDRESS YOU ARE MOVING TO (SHOW NUMBER & STREET, CITY, STATE, ZIP):

SIGNATURE OF APPLICANT: _____

Macungie Borough Ordinance #238 & 276 provide that furnishing of false information shall, upon conviction, be liable for penalties set up in the ordinances.