

**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.