



## Upper Mount Bethel Township

387 Ye Olde Highway

P.O. Box 520

Mount Bethel, PA 18343-5220

Phone: (570) 897-6127

Fax: (570) 897-0108

[www.umbt.org](http://www.umbt.org)

### ORDINANCE NO. 90-1 APPLICATION FOR MOVING PERMIT

Fee: \$2.00

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

City

State/Zip Code

Are you moving in or out? (Circle one)

Where are you moving to: \_\_\_\_\_

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

Names of all members in household: include names and SSN of individuals that are working age that pay EIT Tax. You do not need to list any individuals in your household that are unemployed, retired or disabled.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_