



Borough of Alburtis
 260 Franklin Street, P.O. Box 435
 Alburtis, PA 18011
 Website www.alburtis.org
 Email office@alburtis.org

Moving in to Borough ___
 Moving out of Borough ___
 Moving within Borough ___
 Purchased property to rent ___

Moving Permit

Date: _____

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____

Moving From: _____

Number

Street

City/Town

State

Zip

Moving To: _____

Number

Street

City/Town

State

Zip

Date Moving: _____

All other occupants of your household who are moving with you (age required only if under 18)

Name	Age	SSN#	Date of Birth	Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I verify that the information in this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I make this statement subject to the penalties of the 18 PA Cons. Stat. 4909, relating to unsworn falsification to authorities.

 Applicant's Signature