



Borough of Alburdis

260 Franklin Street

Alburdis, PA 18011

Website www.alburdis.org

email office@alburdis.org

Moving Permit

Date: _____

Full Name: _____

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 (age required only if under 21)

Name

Age

Employer

Name

Age

Employer

Name

Age

Employer

Name

Age

Employer

Name

Age

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. 4904, relating to unsworn falsification to authorities.

Applicant's signature _____

Phone Number _____