

MOVING OUT PERMIT (AND / OR CHANGE IN OWNERSHIP) LOWER SAUCON TOWNSHIP 3700 OLD PHILADELPHIA PIKE BETHLEHEM, PA 18015

\Box MOVING OUT

Moving Date	
Name of (check one below that applies) Seller □ Renter	□ Agent for Applicant (include client Names)
Moving To:	
Moving From:	
Mailing Address (If different from Moving To/From)	
Phone # Email	
Description of building or portion moving from	
Type: \Box Existing Home \Box Rental	
PLACES OF EMPLOYMENT: (Include all residents, full names Name of residents:	s and places of employment, who are moving out and OVER 18 years of age) Employers:
	Signature
	Signature of Agent
For Office Use Only	

Date Submitted: (LST Stamp only)

□Check # _____ □ Cash