

Borough of Macungie
21 Locust St.
Macungie, PA 18062
Phone: 610-966-2503 Fax: 610-966-2788

MOVING PERMIT
(\$10.00)



Approximate Moving Date: _____ Phone Number: _____

Email: _____

Check if:

- Owner
- Tenant

Landlord Name: _____
Landlord Address: _____
Landlord Phone: _____

PRIMARY:

Last Name First Name M.I. DOB

From Address (include unit no.) From City, State, Zip

To Address (include unit no.) To City, State, Zip

ADDITIONAL FAMILY MEMBERS:

Last Name (Spouse) First Name M.I. DOB

Last Name First Name M.I. DOB

Last Name First Name M.I. DOB

Signature of Applicant: _____

Macungie Borough Ordinance #238 & 276 provides that furnishing of false information shall, upon conviction, be liable for penalties set up in the ordinances.

BOROUGH USE ONLY

Date Application Received: Date Permit Issued: Approved By: Permit Number:

Please submit by email to administrativeassistant@macungie.pa.us / or by mail. PLEASE submit payment.