

**MOVING PERMIT**  
**BOROUGH OF WIND GAP, PA**

**COPY 1**

Date of Move: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant: \_\_\_\_\_ Owner: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Emergency Information: (Identify below)    Hearing Impaired:     Non Ambulatory     Non English Speaking

Names of occupants 18 years of age or older:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children Under Age 18: \_\_\_\_\_

Mover: \_\_\_\_\_

Borough Ordinance: # 264

**PERMIT FEE \$5.00**

\_\_\_\_\_  
Mayor or Chief of Police

**White: Customer**  
COPY 1

**Yellow: Office**  
COPY 2

**Pink: Tax Collector**  
COPY 3

**Gold: Police**  
COPY 4

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**COPY 2**

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children Under Age 18: \_\_\_\_\_

Mover: \_\_\_\_\_

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**COPY 3**

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Names of occupants 18 years of age or older:

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children Under Age 18: \_\_\_\_\_

Mover: \_\_\_\_\_

Borough Ordinance: # 264

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**COPY 4**

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Names of occupants 18 years of age or older:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children Under Age 18: \_\_\_\_\_

Mover: \_\_\_\_\_

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