



Upper Mount Bethel Township

387 Ye Olde Highway

P.O. Box 520

Mount Bethel, PA 18343-5220

Phone: (570) 897-6127

Fax: (570) 897-0108

www.umbt.org

ORDINANCE NO. 90-1 APPLICATION FOR MOVING PERMIT

Fee: \$2.00

Name: _____

Current Address: _____

Street

City

State/Zip Code

Are you moving in or out? (Circle one)

Where are you moving to: _____

Moving Date: _____

Names of all members in household: include names and SSN of individuals that are working age that pay EIT Tax. You do not need to list any individuals in your household that are unemployed, retired or disabled.

Name: _____ SSN: _____

Employer: _____ Address: _____

Name: _____ SSN: _____

Employer: _____ Address: _____

Name: _____ SSN: _____

Employer: _____ Address: _____

Signature of Applicant

Date Received: _____ Fee: _____