



LOWER NAZARETH TOWNSHIP

623 MUNICIPAL DRIVE
NAZARETH, PA 18064
TELEPHONE: 610-759-7434
FAX: 610-746-3317

MOVING RECORD

RESIDENTIAL

List the names and social security number (ONLY last four numbers are required) for each person that is 18 years old or older (including spouse and relatives), residing in the home or apartment:

Name	SS# (ONLY last four numbers are required)	Moving Date	Employment	Employed Out of State
1.			<input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERICAL

List the name of the business corporation as shown on the property deed or lease agreement.

Business Name _____ Moving Date _____

MOVING TO:

(New Property Address)

_____ Telephone or Cell # _____

_____ Email: _____

MOVING FROM:

(Old Property Address)

IS THE APPLICANT OF THIS MOVING RECORD: (please check as applicable)

- New tenant New property owner New company or business
- Moving in Moving within Moving out only

Bring completed form along with \$5.00 fee to: Lower Nazareth Township
623 Municipal Drive
Nazareth, PA 18064

***** MOVING RECORD IS NOT APPROVED UNTIL VALIDATED BY TOWNSHIP STAFF *****

Township Staff Validation:		
Fee _____	Receipt# _____	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____
Issued by: _____		Date: _____