



MOVE-IN PERMIT

Use a separate application form for each dwelling-unit.

Doylestown Township Ordinance Number 258 requires that all people moving into the Township register with the Township using this application form. Landlords are to register the names and ages of all their tenants that move into rental properties and update the information if tenants change.

PLEASE PRINT

MOVING FROM:

_____ address of property

Tax Parcel #: _____

APT. #: _____ BOX # _____

_____ CITY STATE ZIP

MOVING TO:

_____ address of property

Tax Parcel #: _____

APT. #: _____ PO BOX # _____

_____ CITY STATE ZIP

Date of Occupation: _____

Phone # _____

(Note: If the move is the result of a property sale within Doylestown Township, deed registration is required. A Deed Registration form is available from the Township Website or the Township Administration Building).

IF APPLICABLE:

LANDLORD'S NAME:	MAILING ADDRESS:
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COMPLETE FOR ALL OCCUPANTS OVER 18 YEARS OF AGE

NAME: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>	OCCUPATION:
EMPLOYER'S NAME AND ADDRESS	

COMPLETE FOR ALL OCCUPANTS OVER 18 YEARS OF AGE

NAME: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>	OCCUPATION:
EMPLOYER'S NAME AND ADDRESS	
NAME: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>	OCCUPATION:
EMPLOYER'S NAME AND ADDRESS	
NAME: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>	OCCUPATION:
EMPLOYER'S NAME AND ADDRESS	
NAME: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>	OCCUPATION:
EMPLOYER'S NAME AND ADDRESS	

"I certify that all information contained herein is true and accurately states the names and other information for all occupants residing at the address given, and that supplying false or misleading information could make me liable for a fine of \$600. Each day that the person, firm, corporation, partnership or other entity shall fail to secure said move-in permit shall be a separate violation."

APPLICANT SIGNATURE _____ **DATE:** _____

PRINT APPLICANT'S NAME _____

(NOTE: FOR RESIDENT'S SAFETY, IF YOU HAVE WELL WATER, BE CERTAIN TO HAVE YOUR WATER TESTED AS RECOMMENDED BY BUCKS COUNTY HEALTH DEPARTMENT.)

DO YOU HAVE A CARBON FILTER INSTALLED? YES NO