



MOVE-IN PERMIT – Township Ordinance 258
Township Code Chapter 110

Check which applies: Tenant Owner

Home Owner's Name

Print Name: _____ Phone Number: _____

Property:

Tax Parcel: _____

Address you are moving from:

Address: _____

Address: _____

Apt # _____ Box # _____

City,State,Zip: _____

City,State,Zip: _____

Is there an existing Alarm System in the home? Yes No

Have you registered your alarm with the Police Department? Yes No N/A

If you have an alarm system and you have not registered it with the Police Department please go to:

www.doylestownpa.org/police/forms-fees/

List any/all additional Residents over the age of 18 who live at this address:

Please attach a second page if required.

Print Name: _____ Employer's Name : _____

Employer's Address: _____

Print Name: _____ Employer's Name: _____

Employer's Address: _____

Print Name: _____ Employer's Name : _____

Employer's Address: _____

Print Your Name _____

Signature _____

Date _____

*****Please complete this application in its entirety.**

By signing my name, 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. Ord. 258, §5.