***Borough of Beaver Meadows***

**100 EAST BROAD STREET**

**P.O. BOX 215**

**BEAVER MEADOWS, PA 18216-0215**

**PHONE 570-455-7841**

 **Office Use Only**

**Date Filed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

THIS IS TO CERTIFY THAT I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has received authorization from the secretary of the Borough of Beaver Meadows for the purpose of moving in, within, or out of Beaver Meadows Borough. There is a fee of $10 in the form of a check, cash, or money order at the time the permit is issued. Please make the check or money order payable to the Beaver Meadows Borough. If a permit is not issued to a resident, a citation will be issued according to the Beaver Meadows Borough Ordinance 1-1990AS, as amended.

Moving In Moving Out

Address Moving To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Moving Out:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO BOX Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tenant Contact#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenants Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# Of Adults Residing in the Home\_\_\_\_\_\_

Any Residents with Medical Conditions / Handicap / Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Moving In/Within/Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary Signature Resident Signature

