Parryville Borough
Moving Permit

317 Centre Street
PO Box 10
Parryville, PA 18244

Fee: $5.00
parryvilleborough@gmail.com

Date: _____

Applicant's Full Name: _____

Moving In ◯ **Moving Out** ◯ **Moving within Borough** ◯

PRIOR Address:

Street:	**PO Box:**
Town/City:	**State:** **Zip Code:**

NEW Address:

Street:	**PO Box:**
Town/City:	**State:** **Zip Code:**

List ALL person(s) 18 years of age or over:

Name	Occupation

Phone: _____ **Email: _____**

If you are renting a house or an apartment, who is your landlord: _____

I, _____ hereby certify that all taxes and fees levied by the Borough of Parryville have been paid in full, with the exception of Real Estate Taxes.

Applicant's Signature: _____

If you have any debts or believe you have any pending debts to the Borough of Parryville, please contact the Borough Administrator. This includes taxes and solid waste.

_____ _____
Approved by Borough Administrator Date