MP – 2026 - _____ - _____

Coaldale Borough
221/223 Third Street
PO Box 116
Coaldale, PA 18218

MOVING PERMIT

DATE: _____

FEE: Regular $10
Senior Citizen / Disabled $5
Cash Accepted

NAME: _____

Moving From: _____

Moving To: _____

Phone: _____ Email: _____

Property Owner:

Name: _____

Name of all persons living in the home over the age of 18:

NAME	OCCUPATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Office Signature: _____ Amt Rec'd: _____

COPY TO: RESIDENT _____, BOROUGH _____, TAX OFFICE _____