



Phone: 215-348-9915
Fax: 215-348-8729
www.doylestownpa.org
info@doylestownpa.org

425 Wells Road, Doylestown, PA 18901

MOVE-IN REGISTRATION – Township Ordinance 417, Township Code Chapter 110
New Residents-Please see the NEW RESIDENT PACKET of information on the Township website

PLEASE PRINT

New Resident:

Name: _____ Phone: _____
Email: _____

Check which applies: Owner Tenant

If New Resident is not Property Owner, please provide Owner's Name and Contact Information:

Property Owner: _____ Email: _____
Phone: _____ Alt. Phone: _____
Address: _____ City, State, Zip: _____

Property you are moving to:

Tax Parcel: #09 - _____
Address: _____
City, State, Zip: _____

Address you are moving from:

Address: _____
City, State, Zip: _____

List any/all additional Residents over the age of 18 who live at this address.
(Attach a second page if needed.)

Name: _____ Employer's Name: _____
Employer Address: _____

Name: _____ Employer's Name: _____
Employer Address: _____

Name: _____ Employer's Name: _____
Employer Address: _____

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

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

*If you have not registered updated alarm details with the Doylestown Township Police Department, please go to:
Bucks.crimewatchpa.com/doylestowntwppd. Go to the Resources tab and find Alarm User Application under Forms.*

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 Registration shall be a separate violation. Ord. 417, §5.