

**BOROUGH OF QUAKERTOWN
GARAGE (YARD) SALE PERMIT APPLICATION**

DATE _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

TELEPHONE NO. (In case we need to contact you) _____

ACTUAL ADDRESS OF GARAGE SALE _____

*(If different than applicant)

OWNER'S NAME _____

OWNER'S ADDRESS _____

DATE OF SALE _____

RAIN DATE (if any) _____

Please check:

? Permit will be picked up in utility office on _____

? Mail permit to applicant's address

NO SUNDAY SALES PERMITTED

OFFICE USE ONLY

DATE _____

TAX MAP PARCEL # _____

PERMIT NO. _____