

BOROUGH OF MONT ALTO
P O BOX 427
MONT ALTO, PA 17237
PHONE (717) 749-5808

APPLICATION FOR YARD SALE PERMIT

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

Name, Address and Phone Number of additional persons participating in the Sale that do not reside at the property listed above.

DATE APPLIED: _____

DATE OF YARD SALE _____

HOURS OF OPERATION _____

SIGNATURE: _____

A copy of Yard Sale Ordinance No. 426 will be provided when the application is filled out. Please read the Ordinance and abide by the regulations contained therein.

APPROVED

DISAPPROVED

APPROVED BY:

DATE: