



700 Belvoir Rd.  
Plymouth Meeting, PA 19462  
610-277-4100 (Ph.)  
610-277-4335 (FX.)  
www.plymouthtownship.org

# Plymouth Township Property Sales Affidavit

Please type or print clearly

I. Location	
Address:	Suite: Date:

  

II. Old Owner(s)	
Name:	E-Mail:
Address:	Phone #:
City, State, Zip:	Fax #:

  

III. New Owner(s)	
Name:	E-Mail:
Address:	Phone #:
City, State, Zip:	Fax#:

  

IV. General Info	
Use change from:	Use change to:
Name Change from:	Name change to:
Total Square feet:	

I/We are the new owner(s) of \_\_\_\_\_, knowing the deficiencies, listed in the E-Mail sent by the inspector, need to be repaired. I/We acknowledge these repairs require completion within thirty (30) days of the closing date.

The undersigned hereby verifies that the statements made in the foregoing Affidavit are true and correct to the best of my knowledge, information and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_