

Moving Permit Application

Borough of Wilson
2040 Hay Terrace
Easton, PA 18042
610-258-6142

Fee: \$5.00 (Fees are non-refundable)

DATE: ____/____/____

Applicant Information

Applicant is: ☐ Owner ☐ Tenant ☐ Additional Occupant(s)

Name: _____

Address moving from: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

→ Signature: _____ Date: _____

****REQUIRED ON ALL APPLICATIONS**

If you are a tenant please provide Landlords name here: _____

ARE YOU MOVING ☐ IN ☐ OUT OF ☐ WITHIN THE BOROUGH OF WILSON?

Address you are moving to:

Street Address

City State Zip

PLEASE LIST FULL NAMES OF ALL PERSONS WHO WILL BE MOVING BELOW

PERSON(S) MOVING TO/FROM RESIDENCE

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Borough Representative

PERMIT VOID AFTER 60 DAYS