

**BOROUGH OF WILSON  
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**Please print legibly.**

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Telephone: \_\_\_\_\_

I request review/duplication (circle as appropriate) of the following records.

**Important:** You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am a resident of the United States of America.

\_\_\_\_\_  
Signature of Requestor

This request may be submitted in person, by mail, by facsimile or email to:

Borough of Wilson  
2040 Hay Terrace  
Easton, PA 18042-4617  
Fax: 610-258-6639  
Email: [boroughsecretary@wilsonborough.org](mailto:boroughsecretary@wilsonborough.org)