

# Moving Permit Application

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

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

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Property Information

House Number: \_\_\_\_\_ Street: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Applicant Information

Applicant is:  Owner  Tenant  Additional Occupant(s)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \*\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*REQUIRED ON ALL APPLICATIONS**

If you are a tenant please provide Landlords name here: \_\_\_\_\_

ARE YOU MOVING  OUT OF  WITHIN THE BOROUGH OF WILSON?

MOVING TO (NEW ADDRESS): \_\_\_\_\_

Street Address

City

State

Zip

**PLEASE LIST FULL NAMES OF ALL PERSONS WHO WILL BE MOVING ON THE REVERSE SIDE**

PERSON(S) MOVING FROM RESIDENCE

Name

Name

Name

Name

Name

Name

\_\_\_\_\_  
Borough Representative  
PERMIT VOID AFTER 60 DAYS