04-34-OAB

Registration Form – "DO NOT KNOCK"

Name(s): _____

(First) (Last) (MI)

Address to Be Registered:

Street: _____

Town & Zip: _____

Phone Number: _____

(Optional)

Property Owner: *(Only Fill Out if Different Than Above)*

Name: _____

Street Address: _____

City/Zip: _____

I herby certify that I do not want solicitors to knock on my door.

I also understand this ordinance "Door to Door Sales Enterprise" shall not include an organization that participates as a non-profit agency (Political, Religious, emergency service, etc.) as defined in Section 5-1.4 of the Revised General Ordinances of the Township of Berkeley. I understand that this list is being updated twice a year and it may take some time for my name to be included. I also understand the Township of Berkeley is keeping this list as a service and is not responsible for those who may break the law.

_____

(Signatures) **Required**

Please mail to: Berkeley Township Clerk
P.O. Box B
Bayville, NJ 08721