04-34-OAB Registration Form – "DO NOT KNOCK"



Name(s):			
	(First)	(Last)	(MI)
Address to	Be Registered:		
Street:			
Town & Zi	p:		
Phone Nu			
	(Optio	nal)	
Property C	Owner: <i>(Only Fill O</i>	ut if Different Than Above)	
Name:			
Street Add	lress:		
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