

04-34-OAB  
Registration Form – “DO NOT KNOCK”



Name(s): \_\_\_\_\_  
( First ) ( Last ) ( MI )

Address to Be Registered:

Street: \_\_\_\_\_

Town & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Optional)

I hereby 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.

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

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

City/Zip: \_\_\_\_\_

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( Signatures ) **Required**

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