

Return Form To:
Brick Township Clerk
401 Chambers Bridge Road
Brick, New Jersey 08723

APPLICATION FOR "DO NOT KNOCK" REGISTRY

I am requesting registration of the following address upon Brick Township's "DO NOT KNOCK" Registry.

I am the (check appropriate): _____ Owner _____ Occupant of the premises.

I understand that my address shall be placed upon a list to be kept by the Township Clerk. The list will be provided to any licensee who is issued a license to conduct door to door sales pursuant to Chapter 324, Section 23 of the Codified Ordinances of the Township of Brick. I understand that registration upon the "Do Not Knock Registry" does not prohibit door to door solicitation by non-profit, charitable, religious or political organizations.

Information to be included on "Do Not Knock" Registry:

Street Address: _____

Building – Apt.#: _____

City: _____ **State:** NJ **Zip:** _____

For Informational Purposes Only:

Resident Name: _____

Telephone Number: _____ (Optional)

Owner Name: _____
(If different than resident)

Telephone Number: _____ (Optional)

Owner Street Address: _____
(If different than resident)

Owner City: _____ **State:** _____ **Owner Zip:** _____
(If different than resident)

Stickers will be available in the Twp. Clerk's Office for \$1 each.

Signature