

**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 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.

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( Signatures ) **Required**

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