

**Return Form to:**  
Toms River Township Clerk  
33 Washington Street  
Toms River, N.J. 08753

**Application for No Knock Registry**

I am requesting registration of the following address upon Toms River 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 which will be updated twice per year. The list will be provided to any licensee who is issued a license to conduct door to door sales pursuant to Article III, Section 391-31 of the Code of the Township of Toms River. 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.

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

Street # \_\_\_\_\_ Street Name: \_\_\_\_\_

Bldg-Apr # \_\_\_\_\_

City: \_\_\_\_\_ State: N.J. Zip: \_\_\_\_\_

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**For Township Clerk's Purposes Only:**

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

Phone: \_\_\_\_\_ (OPTIONAL)

Owner Name: \_\_\_\_\_  
(If different than resident)

Phone: \_\_\_\_\_ (OPTIONAL)

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

Owner City \_\_\_\_\_ Owner State: \_\_\_\_\_ Owner Zip: \_\_\_\_\_

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Signature

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Date