

Return Form to:
Toms River Twp. Clerk
D"6 cl '+&
Toms River,NJ 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. I understand that registration upon the "Do Not Knock Registry" restricts all forms of door-to-door Canvassing and Solicitation of those residents that have applied, obtained and posted the "Do Not Knock" sticker.

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

Street # _____ Street Name _____

Bldg-Apt # _____

City _____ State NJ Zip _____

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 _____

Signature

Date

By clicking Submit below, I am signing this application electronically. In doing so, I certify under penalty of perjury and false swearing that: (1) I am the person identified in the application; (2) I am signing this application knowingly and voluntarily; (3) my answers are correct and complete to the best of my knowledge; (4) I have read and understand the information presented; and (5) that my electronic signature has the same legal effect and can be enforced in the same way as my written signature.

NOTE: IF YOU ARE USING GOOGLE CHROME PLEASE EXIT THIS BROWSER. THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY USING GOOGLE CHROME. PLEASE USE ANOTHER INTERNET BROWSER.