

TOWNSHIP OF WASHINGTON POLICE

DEPARTMENT OF PUBLIC SAFETY

350 Hudson Avenue - Township of Washington
County of Bergen - New Jersey 07676

www.washtwppolice.org



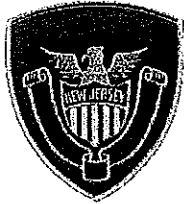
Glenn Hooper
Chief of Police

William J. Cicchetti
Director

Headquarters
(201) 664-1140
Fax (201) 664-2959
e-mail:
wtppolice@carroll.com

DOOR TO DOOR SOLICITOR/CANVASSER PERMIT INSTRUCTIONS

1. COMPLETE DOOR TO DOOR SOLICITOR APPLICANT FORM. ALL REQUESTED INFORMATION MUST BE PROVIDED. PLEASE PRINT LEGIBLY. EACH SOLICITOR MUST COMPLETE AN APPLICATION. THEY ARE ISSUED TO THE INDIVIDUAL FOR THE TYPE OF SOLICITATION APPLIED FOR AND NOT TO THE COMPANY.
2. PROVIDE A PASSPORT SIZED COLOR FACIAL PHOTO (NOT WEARING GLASSES OR HATS ETC.) AS WELL AS A PHOTOCOPY OF A VALID FORM OF PHOTOGRAPHIC IDENTIFICATION OF THE APPLICANT WITH THE APPLICATION.
3. WAIT UNTIL YOU ARE CONTACTED BY AN OFFICER STATING THE APPLICATION HAS BEEN REVIEWED, INVESTIGATED AND HAS BEEN APPROVED (APPROXIMATELY SEVEN DAYS TO PROCESS).
4. CONTACT THE WASHINGTON TOWNSHIP CLERK AT 201-664-4425 TO DETERMINE THE FEE AND ARRANGE FOR FEE PAYMENT. OBTAIN A RECEIPT FROM THE CLERK UPON PAYMENT. PROVIDE A COPY OF THE RECEIPT TO THE POLICE DEPARTMENT. **DO NOT PAY UNTIL CONTACTED BY AN OFFICER AND INFORMED THAT THE APPLICATION HAS BEEN APPROVED, REFUNDS WILL NOT BE ISSUED.**
5. YOU WILL BE CONTACTED TO PICK UP THE PERMIT.
6. THE ORANGE COLORED, LAMINATED CANVASSER PERMIT MUST BE WORN IN A VISIBLE, CONSPICUOUS LOCATION AT ALL TIMES WHILE SOLICITING. PERMITS ARE VALID FOR THE REMAINDER OF THE CALENDAR YEAR IN WHICH THEY ARE ISSUED. DOOR TO DOOR SOLICITATION MAY ONLY TAKE PLACE DURING DAYLIGHT HOURS.



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DOOR TO DOOR SOLICITORS APPLICANT FORM

TYPE OF SOLICITATION _____

NAME _____ E-MAIL _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX _____ SOCIAL SECURITY NUMBER _____

WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____

ALIAS _____

SCARS, MARKS, TATOOS, _____

DRIVERS LICENSE # _____ STATE _____

PREVIOUS ADDRESS _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE () _____

SUPERVISOR'S NAME _____

SUPERVISOR'S PHONE NUMBER _____

PREVIOUS EMPLOYMENT _____

SIGNATURE _____ DATE _____