



TOWNSHIP OF SADDLE BROOK
APPLICATION FOR NO KNOCK REGISTRY

I am requesting registration of the following address in the Township of Saddle Brook for the “No 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. Addresses will remain on the registry until notification to the Township that the owner or occupant wishes to be removed. The list will be provided to any licensee who is issued a license to conduct door to door sales pursuant to the Township of Saddle Brook. **Exempt by law are non-profit, charitable, religious or political groups.**

Information to be included on “No Knock” Registry:

Street Number: _____ Street Name: _____

Saddle Brook, NJ 07663

Resident’s Name: _____

Phone Number: _____

Owner’s Name: _____
(If different from resident)

Owner’s Phone Number: _____

Owner’s Street: _____

Owner’s City: _____ State: _____ Zip: _____

Signature

Date:

Return form to:
Peter Lo Dico, Township Clerk
Township of Saddle Brook
93 Market Street
Saddle Brook, NJ 07663

or e-mail to:
plodico@saddlebrooknj.gov

or Fax to:
201-587-2908