

TOWNSHIP OF ABERDEEN
OFFICE OF THE MUNICIPAL CLERK

One Aberdeen Square
Aberdeen, N.J. 07747
(732) 583-4200
Fax (732) 290-3171
Email: Melissa.pfeifer@aberdeennj.org

APPLICATION FOR “NO KNOCK REGISTRY”

I am requesting registration of the following address to the Township of Aberdeen’s “No Knock Registry”

Name: _____

Address: _____

Telephone (Day): _____ Telephone (Evening) _____

Names and telephone numbers will remain confidential.

I understand that my address shall be placed upon a list to be kept by the Township Clerk. The list will be provided to any licensee who is issued a license to conduct door to door sales pursuant to Chapter IV, Section 4.2 and Section 4.3 of the Administrative Code of the Township of Aberdeen. I understand that registration upon the “No Knock Registry” does not prohibit door to door solicitation by non-profit, charitable, religious or political organizations. Registration on the “No Knock Registry” shall expire five (5) years following the end of the calendar year of registration.

Date: _____

Signature of Resident

Please do not write below this line

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Date Registered: _____ Expiration Date: _____