



# PLAIN TOWNSHIP ZONING DEPARTMENT

## Transient Vendor Do Not Knock Registry Application

NAME: \_\_\_\_\_  
(Name of the person completing the form)

ADDRESS: \_\_\_\_\_  
(The complete address of the residence, house, apartment or other dwelling)

DATE: \_\_\_\_\_  
(The date the form was completed)

STATEMENT: *(Provide a written statement that No Transient Vendor shall knock, ring the doorbell or otherwise call at this address, or words of similar import)*

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Information that verifies the identity of the person completing the form, i.e. A valid photo I.D.  
(Attach to form)

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Verification that you are the lawful possessor and occupant at the above address. (Attach to form)

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