



# PLAIN TOWNSHIP ZONING DEPARTMENT

## Transient Vendor Do Not Knock Registry Notice of Removal 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 statement that the residence, home, apartment or other dwelling be removed from the Transient Vendor Do Not Knock Registry, 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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And that they are the lawful possessor and occupant at the above address.

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