



APPLICATION FOR NO KNOCK REGISTRATION

I/We hereby make application for the No Knock Registered list, and in accordance with said ordinance submit the following information and facts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Do you rent or own this property: Rent Own

I agree to the guidelines stated in the Clawson Code of Ordinances, Ordinance No. 706 and allow the release of this information to the Peddler/Canvassers who have applied in the City of Clawson. I understand that this is only a three (3) year registration from the date of filing with the City Clerk's office. Signing up for the Registry does not preclude those protected under State and Federal law.

Signature: _____ Date: _____
Resident

Signature: _____ Date: _____
Resident

Would you like a No Knock Registered sticker mailed to your address: Yes No

****No Knock Registered sticker must be placed on a visible spot of entrance door****

OFFICE USE ONLY	
Received By: _____	Sticker Picked up in Person <input type="checkbox"/>
Date Issued: _____	Date Expires: _____

Complete and return to:

Attn: City Clerk
City of Clawson
425 N. Main Street
Clawson, MI 48017
fax: (248) 435-3240

(rev. 5/2015)

<p>CANCELLATION: PLEASE STATE WHY YOU WOULD LIKE TO CANCEL</p> <p>_____</p> <p>Signature: _____</p> <p>Signature: _____</p> <p>Cancel Date: _____</p> <p><i>Please note this means you will no longer be included on the list of No Knock Registered and your sticker will no longer be valid.</i></p>
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