



NO KNOCK REGISTRATION APPLICATION

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: _____

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

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: _____	<input type="checkbox"/> Sticker Picked up in Person
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. 7/2017 7/2018)

CANCELLATION: PLEASE STATE WHY YOU WOULD LIKE TO CANCEL

Signature: _____

Signature: _____

Cancel Date: _____

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.