

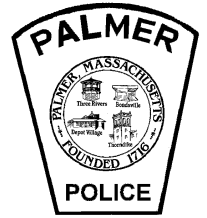


# Town of Palmer, Massachusetts POLICE DEPARTMENT

4417 MAIN STREET, PALMER, MA 01069

Telephone: (413) 283-8792

Facsimile: (413) 289-1422



## SOLICITOR REGISTRATION / IDENTIFICATION FORM

Registration Date:	Time:	SOLICITATION DATES:	From:	To:	CALL #:

SOLICITING (CHECK ONE):       BUSINESSES       RESIDENCES       BOTH

COMPANY OR ORGANIZATION REPRESENTED	
COMPANY/ORGANIZATION NAME:	Telephone:
Primary Contact:	Web Site:
Address (Street, City, State, Zip Code):	
Type of Product/Service Offered:	

SOLICITOR INFORMATION							
NAME OF LEAD SOLICITOR:						Telephone:	
Home Address (Street, City, State, Zip Code):						Email:	
Local Address (if different than home address):							
Date of Birth:		Social Security Number:			Driver's License Number:		State:
Age	Sex:	Race:	Height:	Weight:	Hair:	Eyes:	Other Identifying Characteristics:

**➔ POSITIVE IDENTIFICATION MUST BE PRESENTED AT TIME OF REGISTRATION ➔**  
**➔ LIST ALL OTHER SOLICITORS ON THE REVERSE SIDE OF THIS FORM ➔**

VEHICLES USED FOR SOLICITATION					
PLATE #	STATE	MAKE	MODEL	STYLE	COLOR

Under the pains and penalties of perjury, I hereby certify that the information contained on this registration form is true and correct.

SIGNATURE OF LEAD SOLICITOR:	
Police Department Employee Receiving Form:	

## ADDITIONAL SOLICITOR INFORMATION

<b>NAME OF SOLICITOR:</b>							Telephone:		
Home Address (Street, City, State, Zip Code):							Email:		
Local Address (if different than home address):									
Date of Birth:		Social Security Number:				Driver's License Number:			State:
Age	Sex:	Race:	Height:	Weight:	Hair:	Eyes:	Other Identifying Characteristics:		
<b>NAME OF SOLICITOR:</b>							Telephone:		
Home Address (Street, City, State, Zip Code):							Email:		
Local Address (if different than home address):									
Date of Birth:		Social Security Number:				Driver's License Number:			State:
Age	Sex:	Race:	Height:	Weight:	Hair:	Eyes:	Other Identifying Characteristics:		
<b>NAME OF SOLICITOR:</b>							Telephone:		
Home Address (Street, City, State, Zip Code):							Email:		
Local Address (if different than home address):									
Date of Birth:		Social Security Number:				Driver's License Number:			State:
Age	Sex:	Race:	Height:	Weight:	Hair:	Eyes:	Other Identifying Characteristics:		
<b>NAME OF SOLICITOR:</b>							Telephone:		
Home Address (Street, City, State, Zip Code):							Email:		
Local Address (if different than home address):									
Date of Birth:		Social Security Number:				Driver's License Number:			State:
Age	Sex:	Race:	Height:	Weight:	Hair:	Eyes:	Other Identifying Characteristics:		
<b>NAME OF SOLICITOR:</b>							Telephone:		
Home Address (Street, City, State, Zip Code):							Email:		
Local Address (if different than home address):									
Date of Birth:		Social Security Number:				Driver's License Number:			State:
Age	Sex:	Race:	Height:	Weight:	Hair:	Eyes:	Other Identifying Characteristics:		