



# TOWNSHIP OF MANTUA

Gloucester County, New Jersey

**ROBERT ZIMMERMAN**  
MAYOR

**PETE SOLICITOR**  
DEPUTY MAYOR

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**EILEEN LUKENS**  
TOWNSHIP COMMITTEE

**JOHN LEGGE**  
TOWNSHIP COMMITTEE

**SHAWN LAYTON**  
TOWNSHIP COMMITTEE

## APPLICATION FOR NO KNOCK REGISTRY

I am requesting registration of the following address upon Mantua Township's "No Knock" registry.

I am the (check appropriate): \_\_\_\_\_ Owner \_\_\_\_\_ Occupant of the premises

I understand that my address shall be placed upon a list to be kept by the Township Clerk. The list will be provided to any licensee who is issued a license to conduct door-to-door sales pursuant to Mantua Township Ordinance 0-17-2019. I understand that registration upon the "No Knock" registry does not prohibit door-to-door solicitation by non-profit charitable, religious, or political organizations.

I will display a "No Knock" sticker prominently at the entrance to my premises.



### Information to be included on "No Knock" Registry:

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner's Name (if different than resident): \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Owner's Street Address: \_\_\_\_\_

Owner's City: \_\_\_\_\_ Owner's State: \_\_\_\_\_ Owner's Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **This application should be mailed to:**

Mantua Township  
Attn: Clerk's Office  
401 Main Street  
Mantua, NJ 08051