NON-COMMERCIAL CANVASSERS PERMIT APPLICATION

TOWNSHIP OF HILLSBOROUGH
370 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844
www.hillsboroughnj.gov
908-369-4313

Name of the organization or entity for whom canvassing is being conducted:

_____

Name:_____

Address:_____

Telephone number:_____

Purpose of canvassing:_____

Canvassers: (attach separate sheet if necessary)

Name Address Date of Birth Social Security number

_____
_____
_____
_____
_____

Provide a brief description of the method of canvassing:

_____

Vehicle make/model: _____

Vehicle License plate:_____

Location / Street names: _____

Time and Date the canvassing will commence: _____

Alternate Time and Date:_____

Time and Date the canvassing will end: _____