

Westwood Police Department APPLICATION FOR SOLICITATION

APPLICANT INFORMATION	
Name:	DOB:
Permanent Home Address:	
Temporary Address:	
Soc Sec #:	Cell #:
EMPLOYER INFORMATION	
Name of Employer:	Telephone #:
Address of Employer:	
Nature of Solicitation:	
<input type="checkbox"/> Exempt organization – Registered with the Office of the Attorney General <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Non-exempt – subject to a \$110.00 non-refundable application fee per applicant.	
Expected dates of solicitation/canvassing: START DATE: _____ END DATE: _____	

Acknowledgement: I hereby certify by my signature that all information I provided regarding this application is true to the best of my knowledge. I further understand that any violations of the conditions set forth within Section 7 of the Article 10 of the by-laws for the Town of Westwood will result in the immediate denial or revocation of this permit.	
Signature:	Date:

FOR POLICE USE ONLY				YES	NO	
Has the applicant been convicted of any violation of any solicitor/canvassing bylaw?						
If yes, location:						
Was the applicant checked in the Massachusetts Board of Probation?						
Was the applicant photographed?						
Was the applicant fingerprinted?						
Did the applicant provide proof of identity (Gov't. Photo ID)?						
Description	Race:	Sex:	Hair:	Height:	Wgt:	Eye:
Interviewing Officer:						