INDIVIDUAL APPLICATION SOLICIT, CANVAS OR SELL HOUSE TO HOUSE

WEST HARTFORD POLICE DEPARTMENT 103 RAYMOND ROAD WEST HARTFORD, CT 06107 (860) 570-8800

NAME			MALE	FEMALE	
DRIVER'S LICENSE #		SOCIAL SECURITY#		*RACE	
ADDRESS ((PERMANENT)	DATE OF BIRTH			
LOCAL ADD	DRESS, IF DIFFEREN	Т			
TELEPHONE NUMBER		HEIGHT		WEIGHT	
NAME OF C	ORGANIZATION FOR	WHICH YOU WILL BE	SOLICITING_		
VEHICLE Y	OU WILL BE USING:				
YEAR	MAKE MO	ODEL COLOR	REGISTRA	TION AND STATE	
IF YOU DO	NOT OWN THE VEHI	CLE, GIVE REGISTE	RED OWNER'S	NAME AND ADDRESS	
	/E EVER BEEN ARRE , GIVE THE FOLLOW		TED OF A CRIM	IINAL OR MOTOR VEHICLE	
	<u>CHARGE</u>				
	ION IS: PROFIT				
DATES OF SOLICITATION: FROM			TO		
DESCRIPTI	ON OF ACTIVITIES T	O BE CONDUCTED _			
I CERTIFY	THE INFORMATION G	SIVEN ABOVE TO BE	TRUE AND CO	RRECT.	
SIGNATURI	E OF APPLICANT			DATE	

FEE FOR PERMIT: \$5.00/ORGANIZATION, \$5.00 PER BADGE *FOR DESCRIPTIVE AND IDENTIFICATION PURPOSES ONLY