TELFORD BOROUGH 50 PENN AVENUE TELFORD, PA 18969 Telephone: (215) 723-5000 Fax: (215) 723-5328

REGISTRATION FOR SOLICITATION

| Date: | | Permit No |
|---------------------|------------------------------------|---|
| | | |
| Company Name (i | f applicable): | |
| Company Address | : | |
| | | |
| Company Phone # | :: | |
| Supervisor Name | and Phone #: | |
| Product/Service: | | |
| | | |
| Solicitor Informat | tion**** (for Borough use c | only): |
| Name: | | |
| Personal Phone #: | | |
| | | |
| | | Police criminal background check (within the nust be attached to each Solicitor's |
| Vehicle Information | on: | |
| Make: | | Model: |
| Year: | | Color: |
| License Plate #: | | State: |
| Please circle: | \$20 per day \$50 for one month | \$30 for one week \$75 for one year |