



Village of Harriman

1 Church Street
Harriman, New York 10926
TEL: (845) 783-4421
FAX: (845) 782-2016



No-Knock / No Solicitation Registry Registration Application (For Village of Harriman Only)

APPLICANT INFORMATION

(Please print and fill out completely)

RESIDENT NAME: _____

STREET ADDRESS: _____

PHONE NUMBER: () _____ - _____

EMAIL ADDRESS: _____

PLEASE NOTE: Only the Street Number and Street Name, entered above, will be included on the Registry that is provided to Peddlers and Solicitors.

AUTHORIZATION FOR ADDRESS DISTRIBUTION: I hereby authorize the Village Clerk's Office to include my address on a list that is distributed to all individuals that obtain a peddler's license for the purpose of informing those applicants that I do not want to be solicited.

SIGNATURE OF APPLICANT

FOR VILLAGE CLERK'S OFFICE USE ONLY:

VILLAGE OF HARRIMAN REGISTRATION NUMBER: _____ DATE OF ISSUE: _____

SIGNATURE OF ISSUING AGENT: _____