

Return Form To:  
Lewisboro Town Clerk's Office  
11 Main Street  
South Salem, NY 10590  
[Townclerk@lewisborogov.com](mailto:Townclerk@lewisborogov.com)

## **APPLICATION FOR DO NOT KNOCK REGISTRY**

I am requesting registration of the following address upon the Town of Lewisboro "Do Not Knock" Registry.

I am the (check appropriate): \_\_\_\_\_ Owner \_\_\_\_\_ Tenant

I understand that my address shall be placed upon a list to be kept by the Town Clerk. Addresses will remain on the registry until notification to the Town Clerk that the Owner or Occupant wishes to be removed. This list will be provided to any licensee who is issued a license to conduct door to door sales pursuant to Chapter 170 of the Code of the Town of Lewisboro. In accordance with the Constitution of the United States and rulings of the United States Supreme Court, please be advised that registration upon the "Do Not Knock Registry" shall in no way prohibit door to door solicitation by religious or political organizations.

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Information to be included on "Do Not Knock" Registry:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Please also fill out this section which is for Town Clerk's purposes only:**

Resident Name: \_\_\_\_\_

Phone: (Optional) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date