



CHARTER TOWNSHIP OF PLYMOUTH
CLERK'S OFFICE
9955 N HAGGERTY ROAD
PLYMOUTH MI 48170

SOLICITOR REGISTRATION APPLICATION

APPLICANT INFORMATION

PLEASE TYPE OR PRINT

Name: _____ Phone: () _____

Permanent Address: _____

City: _____ State: _____ Zip code: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

ORGANIZATION INFORMATION

Name: _____

Type of Organization: _____

Address: _____ Bus. Phone: _____

City: _____ State: _____ Zip code: _____

Headquarter Address: _____

Length of time for which the right to solicit is desired: From _____ To _____

AFFIDAVIT:

I hereby swear and affirm that the statements made within this application are true and correct. I am a citizen of the United States, and myself as well as those named below will be soliciting, but not fundraising, on behalf of the above named organization and further swear and affirm that the above named organization is an established, bona fide, legitimate, religious, charitable, civic, governmental and/or non-profit organization.

Applicant Signature: _____ Date: _____

Please list the names and addresses of all persons that will be soliciting under the registration requested hereby.

1. _____

2. _____

3. _____

4. _____

DATE RECEIVED: _____