



HARWICH POLICE DEPARTMENT

183 SISSON ROAD HARWICH MA 02645 508-432-1212

www.harwichpolice.com



Solicitation and Canvassing Registration (Individual)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Length of residence at current address: _____

(If less than 3 years provide all addresses in last 3 years and dates of residence)

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Driver's License (or other valid photo ID): _____

(Please attach a copy)

Phone#: _____ E-mail: _____

Please provide the following information on the vehicle you will be using while soliciting:

Registration #: _____ State: _____

Make: _____ Model: _____ Color: _____

Solicitation History

Please list the last three (3) communities in which this organization has conducted solicitation with dates.

Town/City: _____ Dates: _____

Town/City: _____ Dates: _____

Town/City: _____ Dates: _____

Organization Information *(please provide the information for the organization or person you will be representing while soliciting or canvassing):*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

Is this organization a charitable/non-profit organization? Yes ☐ No ☐

If yes, please provide proof of registration with the Attorney General's Division of Public Charities and attach.

Is this organization a Professional Solicitor or commercial co-venture for a non-profit, charitable organization? Yes ☐ No ☐

If yes, please provide a copy of the current contract you hold with the charitable organization. Failure to do so will render this application incomplete and no action will be taken.

Duration of Certificate of Registration

*Please provide the period of time you wish to have this certificate of registration, **registration may NOT exceed 60 days.** Please provide dates in the space listed below:*

Start Date: _____ End Date: _____

Insurance and Licensing Information

Please list any and all applicable insurance or licensing information (may attach documents if necessary):

X

Signature of Applicant

Date