

West Pikeland Township
1645 Art School Road
Chester Springs, PA. 19425
Phone: 610-827-7660 Fax: 610-228-3477
Email: office@westpikeland.com
Website: www.westpikeland.com

SOLICITATION PERMIT APPLICATION

Information for: _____ **(Type of Solicitation) Date:** _____

Name: _____ **Organization:** _____

Current Local Address: _____

Telephone: _____ **Time To Call:** _____

Individual's Identification: Age: _____ **Hair Color:** _____ **Height:** _____ **Glasses:** _____

Driver's License#: _____ **State of Issue:** _____

Automobile Identification:-Make of Car: _____ **Color:** _____ **Model** _____ **Year** _____

Automobile License#: _____ **State of Issue:** _____

Comments _____

(use other side of sheet for continuation) *will require list of individuals expected together with complete identification.

Signature of Applicant: _____ **(Responsible Party for Group)** _____

TEMPORARY PERMIT

Issued subject to accuracy of above information being verified; may be revoked by Action of the West Pikeland Township Police Department for cause.

_____ **is permitted to solicit in West Pikeland**

Township for the purpose of _____

For: West Pikeland Township Police Department
