



Town of Boxford
Department of Police
285 Ipswich Road
Boxford, Massachusetts 01921
(978) 887-8135
Chief James B. Riter



Solicitor Registration Form

Name - Last, First, M.I.: _____

Alias(s): _____

Social Security #: _____ DOB: _____

Address(s): _____

Driver's License State of Issue & Number: _____

Place of Birth: _____ Cell #: _____

Company/Organization Name:

Address: _____

Phone #: _____ Product Sold: _____

Non-Profit Tax # (If Applicable): _____ Registered State: _____

Vehicle Color Make/Model: _____ Registration # & State: _____

I hereby attest that the above information is true and correct. Any falsification will render this permit invalid. I authorize the department to perform a back ground check. I will submit to fingerprinting and photographs if positive identification cannot be clearly established. I further acknowledge that fact that I will end any/all activity at sunset on the days granted for solicitation.

Signature: _____ Date: _____

Officer: _____ Permit issued for: _____ (# of Days)