

PLEASE PLACE MY ADDRESS ON THE DO NOT KNOCK
LIST FOR SOLICITING IN MOON TOWNSHIP.

Name: _____

Address: _____

Signature: _____ Date: _____

Please give this completed and signed form to the dispatcher, and they will see to it that your name is added to the list.

Or mail the completed & signed form to;
Moon Township Police Dept
990 Beaver Grade Rd
Moon Township, Pa 15108