

**CITY OF HAZEL PARK
HANDBILL REGISTRATION FORM**

COMPANY: _____

DATE: _____

ADDRESS: _____

PHONE: _____

LICENSE NUMBER: _____

EXPIRATION DATE: _____

The following Solicitors will operate for _____ hours on this date in the area _____
between the hours of _____ and _____:

NAME & DOB

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any additional solicitors on the reverse side.

Total number of solicitors: _____

I have read Title 5, Chapter 5.36 of the Hazel Park Municipal Code, understand its provisions, and agree to supervise my solicitor(s) to be certain that there are no violations.

1. ATTACH COPY OF CIRCULAR
2. FILE IN DUPLICATE

Supervising Agent

Address

Phone Number

Chief of Police

Date