

SOLICITING PERMIT APPLICATION

ROCHESTER TOWNSHIP

1013 Elm Street

Rochester, PA 15074

724-774-0135 Phone

724-774-0934 Fax

Office Hours: Monday – Friday 8:00 AM to 4:30 PM

Name: _____

Representing
Company: _____

Address: _____

Telephone Number: _____

For Purpose Of: _____

Soliciting Areas: _____

Identification To Be Used: _____

Driver's License Number(s): _____

Make of Vehicle(s): _____

Vehicle License Number(s): _____

****NO PRESSURE TACTICTS WILL BE TOLERATED****

Per Person: \$ 25.00 / day / per person

Date: _____

Expires: _____

Soliciting will cease before dusk.

Amount Paid: _____ Check # _____ Cash Rec. # _____

Police Chief Approval: _____ Date: _____