

**Supervisor**  
ANTHONY S. COLAVITA

**Council Members**  
LUIGI V. MARCOCCIA  
GLENN D. BELLITTO  
JOSEPH D. DOOLEY  
THERESA V. NICHOLSON

**Town Clerk**  
LINDA D. LAIRD

**Receiver of Taxes**  
ROCCO N. CACCIOLA



**TOWN OF EASTCHESTER**  
40 Mill Road, Eastchester, New York 10709  
www.eastchester.org

**Town Clerk's Office**  
LINDA D. LAIRD

(914) 771-3351  
(914) 771-3366 FAX

townclerk@eastchester.org

## Do Not Knock Registry

I am requesting registration of the following address upon the Town of Eastchester "Do Not Knock" Registry.

I understand that my address shall be placed upon the list to be kept by the Town Clerk. Addresses will remain on the registry until notification to the Town Clerk that the Owner or Occupant wishes to be removed. This list will be provided to any licensee who is issued a license to conduct door to door sales. In accordance with the Constitution of the United States and rulings of the United Supreme Court, please be advised that registration upon the Do Not Knock Registry shall in no way prohibit door to door visits by religious or political organizations.

Selection option that is applicable:

Owner

Occupant

Information to be included on the Do Not Knock Registry:

Street Name: \_\_\_\_\_

Street Number: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

For Town Clerk's Purposes Only:

Resident Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please sign:

X \_\_\_\_\_

I acknowledge that my signature and I request that my address be added to the Town of Eastchester's "Do Not Knock Registry."

Mail to:  
Town Clerk's Office  
40 Mill Road  
Eastchester, NY 10709