

— THE CITY OF —
CHARLOTTE
— MICHIGAN —

CANVASSER REGISTRATION

Please print the following:

NAME _____ AGE _____ HEIGHT _____ WT _____
HOME ADDRESS _____ CITY _____ ST _____
LOCAL ADDRESS _____ CITY _____ ST _____
PHONE __ (____) _____
DRIVERS LICENSE # _____ (Attach a copy)
AUTO MAKE _____ AUTO LIC. # _____

Company Vehicle ____ Yes ____ No

COMPANY NAME _____

COMPANY ADDRESS _____

Immediate Supervisors Name _____ Phone _____

PRODUCT BEING SOLD _____

DATE(s) OF SOLICITING FROM: _____ TO: _____

WHERE ARE GOODS/PRODUCTS LOCATED: _____

Office Use Only

Received -Clerk's office date stamp:

CLERK/DEPUTY CLERK

Date: _____