



SOUTH WHITEHALL TOWNSHIP POLICE DEPARTMENT
SOLICITATION INFORMATION

Date: _____

Contact Information:

Full Name: _____

Date of Birth: _____ State/Driver's License Number: _____

Primary Phone: _____ Social Security Number: _____

Home Address: _____

Temporary Address: (if applicable) _____

Business Information:

Business Name: _____ Phone No: _____

Business Address: _____

Description for Solicitation / Goods being sold: _____

Duration of Soliciting in South Whitehall Township: From _____ To _____

Vehicle Information:

Will a vehicle(s) be used in soliciting? YES NO License Plate Number: _____

Vehicle Year / Make / Model / Color: _____

Additional Information: _____

Please return completed form via mail, fax or email to South Whitehall Township Police Department
Mail: South Whitehall Township Police Department 4444 Walbert Avenue. Allentown, PA 18104
Email: pdinfo@swtpd.org Fax: 610-391-9471