

JACKSON TOWNSHIP  
INFORMATION DISTRIBUTOR APPLICATION

Date

TYPE OF INFORMATION DISTRIBUTED:

NAME OF ORGANIZATION OR BUSINESS:

HOME ADDRESS OF ORGANIZATION OR BUSINESS:

TELEPHONE NUMBER OF ORGANIZATION OR BUSINESS:

NAME OF PERSON IN CHARGE OF DISTRIBUTION:

SOCIAL SECURITY NUMBER OF PERSON IN CHARGE:

HOME ADDRESS OF PERSON IN CHARGE:

PHONE NUMBER:

DRIVERS LICENSE NUMBER:

NAME AND ADDRESS OF HOTEL/MOTEL WHERE YOU WILL BE STAYING (if applicable)

NAME & SOCIAL SECURITY NUMBER OF DISTRIBUTORS/VEHICLE DRIVERS: DIRVERS LICENSE NUMBER:

LICENSE PLATE NUMBER, YEAR, MODEL AND COLOR OF VEHICLES USED:

DATE IF DISTRIBUTION: FROM

TO:

HOURS OF DISTRIBUTION: FROM:

TO:

SECTION OF TOWNSHIP WHERE INFORMATION IS TO BE DISTRIBUTED:

BY SIGNING BELOW APPLICANT AFFIRMS THAT ALL INFORMATION IS CORRECT, IN ANY RESIDENTIAL DISTRICT THERE WILL BE NO KNOCKING ON DOORS OR DIRECT CONTACT WITH RESIDENTS. A BACKGROUND CHECK COMPLETED BY THE JACKSON TOWNSHIP POLICE DEPARTMENT OF ALL DISTRIBUTORS AND VEHICLE DRIVERS MAY BE REQUIRED AFTER RECEIPT OF THE INFORMATION DISTRIBUTOR APPLICATION. A PERSON CONVICTED OF A VIOLATION OF ORC CHAPTERS 2903, 2905, 2907, 2909, 2911, 2913, 2917, 2921 AND 2925 IS NOT PERMITTED TO DISTRIBUTE INFORMATION IN THE TOWNSHIP.

SIGNATURE OF APPLICANT: \_\_\_\_\_

---

DEPARTMENT INFORMATION:

BADGES ISSUED: \_\_\_\_\_ APPLICATION # \_\_\_\_\_ PERMIT # \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_