



BOROUGH OF BEACHWOOD
1600 Pinewald Road
Beachwood N.J. 08722
732-286-6000

APPLICATION FOR NO KNOCK REGISTRY

NAME: _____

Please Print Clearly

Address: _____

Tel. #:() _____

E-mail address: _____

DATE SUBMITTED: _____

**PLEASE COMPLETE THIS FORM AND RETURN IT VIA MAIL
OR BY DROPPING OFF TO THE BEACHWOOD MUNICIPAL COMPLEX 1600
PINEWALD RD. BEACHWOOD N.J.**

**YOUR STICKER, WHICH SHOULD BE PLACED IN WINDOW OR DOOR
WAY WHERE IT WILL BE VISIBLE TO ANYONE APPROACHING YOUR
DOOR WILL BE RETURNED IN THE MAIL TO YOU.**

To be completed by Borough: No Knock Sticker # _____