



Newton Police Department



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JOHN F. CARMICHAEL
CHIEF OF POLICE

1321 WASHINGTON STREET
NEWTON, MASSACHUSETTS 02465

SOLICITOR'S REGISTRATION FORM (INFORMATION FOR RECORD CHECK)

DATE _____

NAME _____

HOME ADDRESS: STREET _____

CITY, STATE, ZIP _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

HOME TELEPHONE _____ DATE OF BIRTH _____

PLACE OF BIRTH (CITY & STATE) _____

FATHER'S NAME _____ MOTHER'S NAME _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, USE THE BACK OF THIS FORM TO LIST WHERE AND WHEN THE OFFENSE OCCURRED, WHAT THE OFFENSE WAS AND WHAT THE FINAL DISPOSITION WAS.

NAME OF COMPANY YOU REPRESENT _____

BUSINESS ADDRESS : STREET _____

CITY, STATE, ZIP _____

BUSINESS TELEPHONE _____

DESCRIBE THE TYPE OF BUSINESS AND PROPOSED METHOD OF OPERATION WHILE IN NEWTON:

APPROVED

DISAPPROVED

JOHN F. CARMICHAEL
CHIEF OF POLICE

Detective Bureau telephone: 617-796-2104
Detective Bureau FAX: 617-796-3680

FIRST ACCREDITED CITY POLICE DEPARTMENT IN MASSACHUSETTS

