



**Borough of Fair Lawn**  
Office of Municipal Clerk  
8-01 Fair Lawn Avenue  
Fair Lawn, NJ 07410  
201-794-5340

**DO NOT KNOCK  
REGISTRY  
REMOVE REQUEST**

Date: \_\_\_\_\_

I am the (check appropriate) Owner: \_\_\_\_\_ Occupant/Tenant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Fair Lawn, New Jersey 07410

My address is currently on the Borough's "Do Not Knock" Registry. I request that my address be removed from the Registry.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

This form is to be mailed to the **Borough of Fair Lawn, Office of the Municipal Clerk, 8-01 Fair Lawn Avenue, Fair Lawn, NJ 07410**, or dropped off, Monday through Friday, from 8:30 a.m. to 4:30 p.m.

**For Office Use Only**

Date Received	
Date Removed from Registry	