



CITY OF ALEXANDRIA
8236 WEST MAIN STREET
ALEXANDRIA, KY 41001
(859) 635-4125
FAX (859) 635-4127

“NO KNOCK” PROTECTION LIST APPLICATION
(Ordinance No.2004-05 effective 3/25/04)

Please complete the form below for your address to be **added** to the “No Knock” list:

Name _____
(Please Print)

Address _____

Phone No. _____

Signature of Resident

Dated _____

*(*If at any time, you decide you want to be removed from this list, please notify the City Clerk’s Office.)*

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I hereby authorize the Office of the City Clerk to **remove** my name and address from the “No Knock” list.

\_\_\_\_\_  
Signature of Resident

Dated \_\_\_\_\_