

**2026 Harrison Resident  
Commercial Parking Permit  
Truck or Van Only**  
(Please print all information)

<b>Police Use Only</b>	
Approved <input type="checkbox"/>	By: _____
Not Approved <input type="checkbox"/>	Date: _____
Permit # _____	

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

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

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's NJ Driver's License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Employer Verification**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Confirmation: \_\_\_\_\_

Signature

Title

**Vehicle Information**

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Annual Permit Fee - \$500.00 Check or Money Order (NO CASH)**

**Payments made to: Town of Harrison**

**Notice to all applicants**

1. **MUST** bring letter from employer on letterhead, stating you are an employee and assigned a company vehicle.
2. Applicant's driver's license **MUST** be a valid Town of Harrison address.
3. This permit only allows the operator to park this vehicle within the Town of Harrison, in a **designated Commercial Vehicle Parking Only area.**
4. Non-Resident Harrison homeowners **MUST** provide a copy of your tax bill.
5. All warrants **MUST** be satisfied before permit can be issued.
6. Falsification of any information will result in Criminal Charges, NJ Statute 2C:21-3(B)