

**2026 Harrison Resident
SPECIAL CIRCUMSTANCES**

Parking Permit

(Please print all information)

Police Use Only

Approved: ☐ By: _____

Not Approve: ☐ Date: _____

Permit # _____

Name: _____

Date: _____

Address: _____

Street

City

State

Zip Code

Resident's NJ Driver's License Number: _____

Phone Number: _____ - _____ - _____ Email: _____

(Provide number you can be reached at any time)

Vehicle Registration

Owner: _____

Owner Address: _____

Owner's Phone Number: _____

License Plate: _____

State: _____

Make of Vehicle: _____

Model: _____

Year of Vehicle: _____

Color: _____

Annual Permit Fee - \$50.00 Check or Money Order (NO CASH)

Payments made to: Town of Harrison

Notice to all applicants

1. Driver's license with valid Harrison address and/or lease/notarized letter from the homeowner.
2. Notarized letter from the registered owner of the vehicle, authorizing use of the vehicle to the applicant on a permanent basis.
3. Letter stating reason why vehicle cannot be registered with a Harrison address.
4. All warrants MUST be satisfied before permit can be issued.
5. Falsification of any information will result in Criminal Charges: NJ State Statue 2C:21-3(B).

Reason for Special Circumstance Permit Requested

Dual Residency _____

Registered to family Member _____

Military _____

Other _____

Approved by Traffic Safety Bureau and/or Chief of Police _____