

APPLICANT INFORMATION		PHONE & E-MAIL	
PLEASE PRINT <i>Incomplete or Illegible Applications will not be processed</i>			
APPLICANT'S NAME (as it appears on applicant's NJ Drivers License)		Home Phone _____	Cell Phone _____
STREET ADDRESS [] HOMEOWNER [] TENANT		E-mail (optional) _____	
_____		Glen Rock, NJ 07452	
If renting at above address, complete below:			
Landlord Name _____		Phone _____	
Address _____		City _____ State _____	

VEHICLE INFORMATION					
License Plate Number	State	Vehicle Make	Vehicle Model	Color	Permit # Issued
(EX: ABC123)	(NJ ONLY)	(EX: FORD)	(EX: Focus)		For Office Use ONLY

APPLICATION MUST BE SUBMITTED WITH PHOTO COPY OF OWNER'S DRIVER'S LICENSE AND VEHICLE REGISTRATION. DOCUMENTS MUST SHOW OWNER'S GLEN ROCK ADDRESS. **PERMITS ARE FOR THE EXCLUSIVE USE OF GLEN ROCK RESIDENTS' ONLY** AND ARE NON-TRANSFERABLE.

MAIL TO: Glen Rock Police Department – Records Bureau
1 Harding Plaza, Glen Rock, NJ 07452
Please include a Self-Addressed Stamped Envelope

Clerk ID #

2012 Landfill Permit Application

MAIL TO: GRPD – Records Bureau
1 Harding Plaza, Glen Rock, NJ 07452
Please include a Self-Addressed Stamped
Envelope