



# REGISTRATION C.B.D. EMPLOYEE PARKING PERMIT APPLICATION

**\$30 per year – CHECK ONLY – Made payable to Borough of Glen Rock**

Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Glen Rock, NJ 07452

Signature of Employer: \_\_\_\_\_

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

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

Year & Make of Vehicle: \_\_\_\_\_

**CBD PERMIT # \_\_\_\_\_ OFFICIAL USE ONLY**

Name: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

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

Year & Make of Vehicle: \_\_\_\_\_

**CBD PERMIT # \_\_\_\_\_ OFFICIAL USE ONLY**

Name: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

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

Year & Make of Vehicle: \_\_\_\_\_

**CBD PERMIT # \_\_\_\_\_ OFFICIAL USE ONLY**

Name: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

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

Year & Make of Vehicle: \_\_\_\_\_

**CBD PERMIT # \_\_\_\_\_ OFFICIAL USE ONLY**