



**BOROUGH OF HARRINGTON PARK**

85 Harriot Avenue  
P. O. Box 174  
Harrington Park, NJ 07640  
(201) 768-1700  
(201) 768-3038 fax

**FILM PERMIT**

Name of Production  
Company: \_\_\_\_\_

Contact name and telephone  
number: \_\_\_\_\_

Number of people  
expected: \_\_\_\_\_

Location of  
filming: \_\_\_\_\_

Anticipated date & length of  
filming: \_\_\_\_\_

Anticipated number of vehicles \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Additional Police Required  
Traffic Control \_\_\_\_\_

Escrow Amount  
Police Overtime/DPW \_\_\_\_\_

Date of Permit: \_\_\_\_\_

Issued by: \_\_\_\_\_

\_\_\_\_\_  
Officer in Charge - Harrington Park Police Department  
(Permit is not valid without Police Department signature.)

\*This permit is valid for two consecutive days of filming unless an extension is granted.

I hereby agree to the terms of this permit on behalf of the production company and/or executives operating under this filming permit. In the event it is determined by the Chief of Police that additional personnel are necessary, or this permit was issued without the necessity of providing police personnel and the Chief later so determines the need for the same, then the production company and/or executives shall agree to post necessary escrow to cover this cost.

\_\_\_\_\_  
Authorized Signature

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