

**BOROUGH OF ROCKLEIGH
26 ROCKLEIGH RD.
ROCKLEIGH, N.J. 07647
(201) 768-4217**

FILMING PERMIT APPLICATION

1. Name/Address of Filming Company:

2. Phone/Fax Numbers: _____

3. Individual Making Application: _____

4. Type of Filming: Commercial Movie Television Still Photos

5. Subject of Filming:

6. Location (one permit per location):

7. Dates and Rain Dates (Monday through Friday, 8 a.m. - 7 p.m):

8. Will you need Police Assistance? Yes _____ No _____

9. Number of vehicles you will have on filming date:

Cars _____ Vans _____ Trailers _____ Trucks _____

10. Number of People in filming crew, including models and actors: _____

11. Signature of Applicant: _____

FOR OFFICE USE ONLY:

Date Application Received: _____

Fee to be charged: _____

Certification of Insurance: _____

Date Fee Received: _____

Indemnification Agreement: _____

Bond _____ Returned _____

APPROVED: _____

Chief of Police

Borough Clerk