



Town of
STOUGHTON
MASSACHUSETTS

PARKING PERMIT APPLICATION

\$3.00/DAY FOR WEEKDAY PARKING (\$60.00/MONTH)

NAME: _____

ADDRESS: _____

TELEPHONE: _____

PLATE NUMBER: _____

MAKE: _____

MODEL: _____

YEAR: _____

REQUIRED:

A COPY OF APPLICANT'S VALID DRIVERS LICENSE AND VEHICLE REGISTRATION FOR LISTED VEHICLE

THE REGISTRATION INFORMATION IS FOR VERIFICATION PURPOSES ONLY AND WILL BE KEPT CONFIDENTIAL

LOCATION REQUESTED:

(CIRCLE ONE)

PLEASANT STREET / RAILROAD AVE

DURATION REQUESTED:

(CIRCLE ONE)

DAY / MONTH / ANNUAL

THE FOLLOWING BEST DESCRIBES ME (CIRCLE ONE):

BUSINESS OWNER OR WORKER / MBTA COMMUTER / OTHER

THE PARKING PERMIT ENTITLES THE PERMIT HOLDER TO A PARKING SPACE MONDAY THROUGH FRIDAY.
OVERNIGHT PARKING IS NOT ALLOWED.

PARKING PERMITS ARE NON-TRANSFERABLE AND MAY NOT BE DUPLICATED.

THE TOWN IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO VEHICLES OR PROPERTY IN THE PARKING LOT.

USE OF THE PARKING LOT IS AT ONE'S OWN RISK.

BY SIGNING BELOW, I AGREE THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE STATED TERMS AND CONDITIONS.

SIGNATURE

DATE

APPLICATION NOT VALID WITHOUT SIGNATURE, DATE, AND COPIES OF LICENSE AND VEHICLE REGISTRATION

FOR STAFF USE ONLY

LOCATION ASSIGNED: _____

SPACE ASSIGNED: _____