CITY OF ROCKLAND, MAINE

270 Pleasant Street
Rockland, Maine 04841
(207) 594-0304 Office
(207) 594-9481 Fax

WINTER OVERNIGHT PARKING PERMIT APPLICATION

Name: _____ Date of Birth _____

Physical Address: _____

_____

Mailing Address (if different): _____

_____

Phone # (home): _____ Phone # (cell) _____

Email Address: _____ ME Driver's License # _____

Vehicle Information:

Make:_____ Model _____ Year _____ Color _____ Style _____

Registration Plate #:_____ Parking Lot: _____

Fee: $25.00

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to permit parking and such reasonable rules and regulations as may hereafter be adopted.

Signature of Applicant: _____ **Date:** _____