

**CITY OF ROCKLAND, MAINE**

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

**EMPLOYEE AND BUSINESS OWNER  
PARKING PERMIT APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Phone # (home): \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**Vehicle Information:**

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Style \_\_\_\_\_

Registration Plate #: \_\_\_\_\_ Parking Lot: \_\_\_\_\_

Fee:	Thorncliffe Parking Lot	\$30.00/calendar year
	Winter Street Parking Lot	\$20.00/calendar year

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_