



City of Old Town
Leased Parking Space Permit
November 1, 2019 through April 30, 2020

Name: _____ Date of Birth: _____

Physical Address: _____

Cell Phone #: _____ Email: _____

Make of Vehicle: _____ Registration #: _____

Insurer & Policy #: _____

I, _____, do hereby agree and understand:

- (1) that I am responsible for keeping my assigned parking space clear of snow and ice;
- (2) that I must at all times maintain liability and collision insurance coverage on the vehicle named in this permit;
- (3) that the City of Old Town is not responsible for any damage occurring to this vehicle; and
- (4) that I will not utilize the space to engage in vehicle maintenance.

This permit is valid only for the vehicle named above and I will notify the City when I move or change vehicles. *Failure to comply with any of the conditions of this permit will be cause for immediate revocation of the permit without a refund of any portion of the fee.*

This permit expires on April 30, 2020.

Date: _____

Signature of Applicant

Permit Issued by: _____

Signature of Agent for City of Old Town

Documentation

- 1. Proof of Address**
- 2. Proof of Insurance**
- 3. Current Vehicle Registration**
- 4. \$250 fee for six (6) months permit parking**