

**TOWN OF FREEPORT**  
**APPLICATION FOR PERMIT TO OPERATE ON A POSTED WAY**

An Application is hereby made to the Town of Freeport Public Works Superintendent for permission as provided by the "Posted Road Permit Guidelines" to operate on a posted Town Way.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Vehicles: \_\_\_\_\_ Plate#: \_\_\_\_\_ Plate#: \_\_\_\_\_  
\_\_\_\_\_  
Plate#: \_\_\_\_\_ Plate#: \_\_\_\_\_

GVWR: \_\_\_\_\_ lbs. Tare Weight: \_\_\_\_\_

Type of Cargo: \_\_\_\_\_ Cargo Weight/Load: \_\_\_\_\_ lbs.

Vehicle Owner: \_\_\_\_\_ Operator: \_\_\_\_\_  
Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Destination of Vehicle(s): \_\_\_\_\_

Name of Posted Way(s): \_\_\_\_\_

Est. Total No. of Trips: \_\_\_\_\_ Max. No of Trips/Day: \_\_\_\_\_

Date and Time Period for Permit: \_\_\_\_\_

I, \_\_\_\_\_, have read the Town of Freeport Posted Road Permit Guidelines, and agree to abide by all conditions within these Guidelines:

\_\_\_\_\_  
Signature of Permittee

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

Make Check Payable to Town of Freeport in the amount of \$20.00 per vehicle, per day and mail or deliver to:

7 Hunter Rd                    phone: 207-865-4461  
Attn: Public Works            fax: 207-865-0244  
Freeport, ME 04032            email: egibson@freeportmaine.com

**PERMIT MUST BE IN VEHICLE AT ALL TIMES**

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\_\_\_\_\_  
The above application is approved.

\_\_\_\_\_  
The above application is hereby denied for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Earl Gibson, Public Works Superintendent  
(or his designee)

\_\_\_\_\_  
Date

Check #/Amount: \_\_\_\_\_

\_\_\_\_\_  
Received By/Date: \_\_\_\_\_