

**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

_____ 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: _____