



**Town of Arlington**  
**Municipal Monthly Parking Permit**  
**Parking Sticker Application**  
**Fee: \$50.00 Per Month**

Name: \_\_\_\_\_

Employer /Business Name (If Applicable): \_\_\_\_\_

Work Address (If Applicable): \_\_\_\_\_

Cell Phone / Work Phone: \_\_\_\_\_

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

License Plate #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_

Please circle the number of months you wish to purchase: **One Two Three**  
 (Maximum is 3 months at a time which are sold quarterly – please check month(s) below):

1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
__ January	__ April	__ July	__ October
__ February	__ May	__ August	__ November
__ March	__ June	__ September	__ December

I agree to all the rules and regulations established by the Select Board relative to individuals employed in the Town of Arlington as it relates to the employee permit sticker parking program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: You must provide **annually** either proof of residence or proof of employment in the Town of Arlington. A copy must be provided to complete your application. Some examples of acceptable material would be:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Check Stub       | <input type="checkbox"/> Letterhead                  | <input type="checkbox"/> Job Offer Letter     |
| <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Property Tax / Utility Bill | <input type="checkbox"/> Vehicle Registration |