



Town of Pittsfield

Office of Selectmen

P.O. Box 98 ~ 85 Main Street, Pittsfield NH 03263

admin@pittsfieldnh.gov ~ telephone (603) 435-6773 ~ fax (603) 435-7922

Parking Permit Application

Applicant:

Last Name:		First Name:	
Address:			
City:	State:	Zip:	
Phone:			

Vehicle:

Make:	Model:		
Plate#:	State:	Color:	

Terms: In consideration of the use of a parking space in the town-owned parking lot on:

Franklin Street _____

Oak Street _____

the above applicant hereby agrees as follows:

- All vehicles parked in any Pittsfield town parking lot shall have a current State of NH registration and valid inspection sticker. A copy of the vehicle registration shall be attached to this application.
- Applicant shall be assigned exclusive use of Parking space #: _____
- Applicant shall agree to pay the sum of \$600.00 per calender year, prorated for any portion of the year at the rate of \$50.00 per month, payable in advance.
- The applicant shall be responsible for snow and ice removal.
- The parking space shall only be used for the parking of the above described vehicle.
- The parking sticker shall be permanently affixed to the bottom corner of the driver's side windshield.
- By accepting this parking space, the applicant hereby agrees the Town shall not be responsible for personal injury, property damage or loss resulting from the use of the parking space or lot.
- Any vehicle parked in violation of this agreement or without authorization shall be towed at the owners expense.

Applicant Signature: _____

Date: ____/____/____

Town of Pittsfield, NH

By: _____

Cara M. Marston, Town Administrator

Permit # _____