



FOXBOROUGH COMMUTER PARKING LOT PERMIT APPLICATION

PERMIT APPLICANT:

Name: _____

Address: _____

Daytime Phone # : _____

Email Address: _____

REGISTRATION INFORMATION:

MA License Plate # : _____

Make of Vehicle: _____

Model of Vehicle: _____

Year of Vehicle: _____

ALTERNATE VEHICLE:

MA License Plate # : _____

Make of Vehicle: _____

Model of Vehicle: _____

Year of Vehicle: _____

TRAINS: (Please List the Mansfield Train Times Typically Taken)

	<u>1st Choice</u>	<u>2nd Choice</u>	
Inbound Schedule: _____	_____	_____	<i>This information will be used by GATRA to best coordinate bus service between the parking lot and the Mansfield Station.</i>
Outbound Schedule: _____	_____	_____	

REQUIRED DOCUMENTATION:

1. Copy of Applicant's Valid Drivers License
 2. Copy of the Vehicle Registration for each vehicle listed above
- The address on each registration must match the address on the applicant's license.**
The registration information is for verification purposes only and will be kept confidential.

The parking permit entitles the permit holder to a parking space Monday through Friday. Overnight parking is not allowed.
Parking permit entitles the holder to park only one vehicle in the Commuter Lot per parking session.
Parking permits are not transferable to vehicles not listed on this application and they may not be duplicated.
Residents using the Foxborough Commuter Parking lot agree to abide by the rules and regulations established for it.
The Town is not responsible for any loss or damage to vehicles or property in the parking lot. The use of the parking lot is at one's own risk. Unpermitted vehicles will be ticketed and risk towing at the owner's expense.
By signing below I agree that I have read, understand and accept the above stated terms and conditions.

Signature

Date

Application not valid without signature, date, and copies of license and vehicle registration.

Office Use Only:
Permit # _____