

PAY-AS-GO STICKER APPLICATION

EMPLOYER INFORMATION

Name:

Employer:

Phone:

Employer address:

City: Lexington

State: MA

ZIP Code:

APPLICANT INFORMATION

Name:

Registration Number:

Registration State:

E-mail:

APPLICANT INFORMATION

Name:

Registration Number:

Registration State:

E-mail:

APPLICANT INFORMATION

Name:

Registration Number:

Registration State:

E-mail:

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Name:

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Name:

Registration Number:

Registration State:

E-Mail:

If this form is not being completed by an employer, proof of employment is required. Please note, we are not looking for confidential information. If you are an individual or self-employed, a business card or a simple letter (on company letterhead) stating your employment in Lexington Center is required to process the application.

The town reserves the right to revoke parking sticker privileges for fraudulently representing an individual as a Lexington Center employee.

By signing below you are agreeing to the terms and conditions of holding and using a parking sticker for Lexington Center lot. As a sticker holder, you certify that you, your company, and all employees have read, understand and will follow the policies and regulations.

Signature:

Date:

Number of Stickers:

X **\$15.00**

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