



PAY-AS-GO APPLICATION - 2020

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:

APPLICANT INFORMATION

Name:

Registration Number:

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Registration State:

E-mail:

APPLICANT INFORMATION

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**

= \$

Make check or money orders payable to: Town of Lexington, please DO NOT mail cash.

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