

**2019 ANNUAL PARKING PERMIT APPLICATION  
CHEBEAGUE TRANSPORTATION COMPANY**

Complete **one application per vehicle**. Mail application to CTC at PO Box 27, Chebeague Island ME, 04017 or deliver to 16 North Road, Chebeague Island, ME **on or before 11/24/2018**

<b>Office Use Only</b>
Permit #:
Date Rec'd:
Ck #:
Amount:

<b>VEHICLE OWNER INFORMATION</b>			
Registered Owner:		Email Address:	
Cell phone:		Cell phone provider (company):	
<b>Primary (Legal) Residence</b>			
Where: you vote; pay state taxes (if any); your primary vehicle is registered; your driver's license lists as your address			
Street:	City/State:	Zip:	
<b>Months you reside at this address:</b>	<b>From:</b>	<b>To:</b>	
<b>Second Residence</b>			
Property that you own and where you reside for part of the year			
Street:	City/State:	Zip:	
<b>Months you reside at this address:</b>	<b>From:</b>	<b>To:</b>	
<b>VEHICLE INFORMATION</b>			
Make:	Model:	Color:	
License No:	State:	Do you have a state issued handicapped parking permit for this vehicle? <b>YES/NO</b> (Circle One)	
<b>PERMIT TYPE REQUESTED and PAYMENT METHOD (CHOOSE ONE)</b>			
<b>CASH OR CHECK</b>			
ROUTE ONE (\$620)_____	COUSINS ISLAND (\$725)___	COUSINS WEEKDAY WORKER(\$725)_____	
<b>CREDIT CARD</b>			
<b>(MUST PAY THE FULL ANNUAL AMOUNT WITH CREDIT CARD PAYMENTS)</b>			
ROUTE ONE (\$640)_____	COUSINS ISLAND (\$750)_____	COUSINS WEEKDAY WORKER(\$750)_____	
CARD NO:	EXP DATE:	CSV CODE:	ZIP CODE:
<b>COUSINS ISLAND APPLICATIONS ONLY</b>			
THE DEADLINE FOR COUSINS ISLAND PARKING LOT APPLICATIONS IS <b>SATURDAY, NOVEMBER 24, 2018</b> . YOU MUST COMPLETE THE QUESTIONS ON THE REVERSE SIDE OF THIS FORM IN ORDER TO BE CONSIDERED FOR A PARKING SPACE AT COUSINS ISLAND.			
<b>AGREEMENT</b>			
I have received the Annual Parking Permit Application Guidelines and the Chebeague Transportation Company Parking Terms and Conditions for 2019. I agree to comply with the Instructions and Terms and Conditions. I understand that CTC may request proof or clarification of entries in this application and my failure to provide requested information may disqualify me from receiving a Cousins Island parking permit.			
Printed Name: Date:		Signature:	

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Any customer applying for an Annual Parking Permit at Cousins Island (*other than Weekday Workers*) must complete this questionnaire in full and sign it or the permit will be issued for the Route One parking lot. CTC has many more people applying for a Cousins Island Annual Parking Permit than available spaces. In order to make the best-informed decisions, we need information from all applicants.

<b>Cousins Island Parking Permit Applications Only</b>	
<b>Question</b>	<b>Answer</b>
Has another member of your household applied for a Cousins Island permit? If so, please provide the person's name.	
Do you commute to the mainland on a regular basis for work or school (Yes/No)	
If you commute on a regular basis, how many days per week do you commute?	
If you commute at least 3 days per week, do you want to park in the designated commuter parking area? (Spare key must be provided)	
Do you operate/manage a business on Chebeague? (Yes/No)	
If you operate a business on Chebeague, is another member of your household applying for an Annual Parking Permit? (Yes/No) If yes, explain why you need a second permit below.	
Does your household have year-round school age children (K-12)?	
Please provide any further information you feel will help us in our evaluation of your application.	
I have applied for a Cousins Island Annual Parking Permit. All the information I have provided in this application as of the date below is accurate. I understand that if information is not accurate, the Company may revoke the Cousins Island Annual Parking Permit and assign my vehicle to the Route One Satellite Lot.	
Print name:	
Signature:	
Date:	