

THE UNIVERSITY OF MAINE
CARPOOL PARKING PERMIT APPLICATION

Clearly print/update information requested below:

Carpool Coordinator Name: _____ Campus Address: _____

Campus Phone: _____ Cell Phone: _____ Vehicle Info: _____
*Plate # Plate Type State

The University of Maine Parking Permit Application

Please complete this application, read, and sign below.

**Submit by stopping Parking and Transportation Services
523 DTAV, Community Center, CAMPUS**

Fines for any outstanding violations by any participants must be paid prior t