

**City of South Portland
Office of the City Clerk
P.O. Box 9422
South Portland, ME 04116-9422
207-767-7628**

Junked Motor Vehicle Permit Application
Chapter 15 §15-250 – 15-255

Name of Applicant (**must be property owner**): _____

Address (where vehicle is stored): _____

Name of Vehicle Owner (if different from above): _____

Telephone Number: _____

Description of Vehicle (including VIN#): _____

Dates of Use (a one year limit applies): _____

*** A plot plan showing where
vehicle will be stored must
be attached.**

Authorized Signature

Date

For Municipal Use Only

Police Chief

Approved: _____

Disapproved: _____

Comment _____

Code Enf. Officer

Approved _____

Disapproved _____

Comment _____

Fire Department

Approved _____

Disapproved _____

Comment _____