

TOWN OF MARLBOROUGH

TRANSFER STICKER APPLICATION

Name Leasing Co. (if applicable)

Address Phone #

Vehicle Make Model Color License Plate #

Signature

PARK STICKER APPLICATION

Name Leasing Co. (if applicable)

Address Phone #

Vehicle Make Model Color License Plate #

Signature

Please mail your sticker application to: Town Clerk, P.O. Box 29, Marlborough, CT 06447. Include one application for each vehicle, **a self-addressed, stamped envelope** and the stickers will be mailed back to you upon receipt and verification.