After you complete this application form, send the form, vehicle registration, payment, and proof of residency (if required) to: Traffic, Parking, and Transportation, 344 Broadway, Cambridge, MA 02139. You may mail materials or drop the envelope into the drop box outside of the office.

> You can also renew your permit online at www.cambridgema.gov/rpp.

Type: 

Cash Check, #\_\_\_\_ 

Other \_\_\_\_

- > Proof of residency is required unless you applied for the last three years with the same information.
- > We will not issue you a permit if you have unpaid parking tickets in your name.

1. Applicant Information	
Today's date:	
First name:	Last name:
Street address:	Last name:
Apartment or floor:	Zip code:
Phone:	Email address:
• • • • • • • • • • • • • • • • • • • •	,
3. Vehicle Registration Inform	tion (for Resident Parking Permits)
License plate number:	State: Commercial plate: □Yes □No
Vehicle make:	Year:
• `	·
☐ Check or money order for \$25.00,	yable to "City of Cambridge." (We accept electronic payments e for people who are 65 or older, or who have a disability.)
the basis of disability. We may alternative formats, and reason with disabilities. For more infor (voice), or via relay at 711.	ovide auxiliary aids and services, written materials in ole modifications in policies and procedures to people
For staff only Received by:  Verified proof of residency: □ Payment	

617-349-4700 | cambridgema.gov/tpt