

RESIDENT PARKING PERMIT APPLICATION
PLEASE PRINT CLEARLY

Today's Date:

First Name:

Last Name:

Street Address:

Apt./Floor:

Zip Code:

Day Phone Number:

Evening Phone Number:

Registration Information

Last Name:

First Name:

Middle Initial:

License Plate Number:

Year:

Make:

Color:

Expiration Date:

- ☐ **Passenger**
- ☐ **Commercial**

Voluntary Contribution: \$ _____

Remember! Proof of residency documentation & check or money order payable to the City of Cambridge
One Visitor Permit per household included with the 1st Resident Parking Sticker.

How to pay parking tickets:

- **On-Line - www.cambridgema.gov/traffic**
- **By Phone - 617-491-7277**
- **Walk In - 344 Broadway, Cambridge, MA 02139. Business Hours:**
Mon. 8:30 AM – 8:00 PM, Tues. – Thurs. 8:30 AM – 5:00 PM, Fri. 8:30 AM – Noon

Additional applications on line – Visit our website at www.cambridgema.gov/traffic