CITY OF CAMBRIDGE
TRAFFIC, PARKING & TRANSPORTATION DEPARTMENT
344 Broadway
Cambridge, MA 02139
www.cambridgema.gov/traffic

MILITARY PARKING PERMIT APPLICATION

08/02/2004

* indicates required field

*** RANK**

*** APPLICANT'S NAME** **First** **Initial** **Last**

*** STREET ADDRESS**

CAMBRIDGE, MA *** ZIPCODE** 02138

10:30pm

VEHICLE INFORMATION

*** NAME OF VEHICLE OWNER** **First** **Initial** **Last**

*** VEHICLE OWNER'S TELEPHONE NUMBER**

*** STATE** Massachusetts *** PLATE #**

*** MAKE** *** COLOR** *** YEAR** **(e.g. 2004)**

I UNDERSTAND THAT IF THIS PERMIT IS APPROVED FOR USE, ALL CITY OF CAMBRIDGE PARKING RULES AND REGULATIONS WILL BE OBSERVED. THIS PERMIT IS ONLY TO BE USED WHILE ON OFFICIAL BUSINESS. THIS PERMIT WILL BE REPLACED IF LOST. ALL VIOLATIONS MUST BE PAID PRIOR TO SUBMITTING THIS APPLICATION.

- ALL PARKING VIOLATIONS MUST BE PAID BEFORE THIS PERMIT IS ISSUED.
- THIS PERMIT CANNOT BE PROCESSED UNLESS AUTHORIZED BY APPLICANT'S SUPERVISOR.
- THIS PERMIT CANNOT BE COPIED, SOLD, TRANSFERRED OR ALTER IN ANY WAY.

DATE RECEIVED COMMENTS

_____

DATE ISSUED STICKER NUMBER _____

RESTRICTIONS _____

ADDITIONAL INFORMATION _____

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