



**CITY OF CAMBRIDGE**  
**Traffic, Parking and Transportation**  
344 Broadway  
Cambridge, Massachusetts 02139

[www.cambridgema.gov/traffic](http://www.cambridgema.gov/traffic)

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Director

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**VISITOR PARKING PERMIT APPLICATION**

\* indicates required field

**Today's Date:**

**\*First Name:**

**\*Last Name:**

**\*Street Address:**

**Apt./Floor:**

**\*Zip Code:**

**\*Day Phone Number:** (e.g. (617) 555-0000)

**\*Evening Phone Number:** (e.g. (617) 555-0000)