
Cambridge Community Garden Program 2014 Garden Plot Application

Instructions: Please complete this form and return to the address or email below. Incomplete applications will NOT be accepted.

Jennifer Letourneau, Conservation Commission Director
344 Broadway, City Hall Annex
Cambridge, Massachusetts 02139
jletourneau@cambridgema.gov

Required Information:

Name(s): _____

Full Address (MUST BE A CURRENT CAMBRIDGE RESIDENT): _____

E-mail Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Community Garden of Interest (ONLY ONE): _____

Check all that apply:

- ☐ I do **not** have any gardening space associated with my residence.
- ☐ I have participated in a Community Garden in Cambridge.
What garden? _____ What year(s)? _____
- ☐ I have participated in a Community Garden somewhere other than Cambridge.
Where? _____ What year(s)? _____
- ☐ I have a disability and am interested in having an accessible garden plot. Upon request by the City, I agree to provide medical documentation that my disability results in the need for an accessible garden plot.
- ☐ I am interested in being the Garden Coordinator (call 617-349-4680 for information).

*I have read and agree to follow the City of Cambridge Community Garden Program Policy for City-Owned Property, as currently revised.**

Signature: _____ Date: _____

YOU WILL ONLY BE CONTACTED IF A PLOT IS AVAILABLE FOR YOUR USE
*** REFERENCED DOCUMENT IS AVAILABLE ON-LINE**
www.cambridgema.gov/ccg/publications.aspx