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## Cambridge Community Garden Program 2015 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  
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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](http://www.cambridgema.gov/ccg/publications.aspx)**