



# 2026 Resident Parking Permit Application

## Application Instructions

Your 2025 Parking Permit expires on March 31, 2026.

**Renew online by March 1:** Visit [cambridgema.gov/parking-permit-renewal](https://cambridgema.gov/parking-permit-renewal).

**Renew by mail by March 1:** Fill out the application on the back of this notice and mail it back to us at 344 Broadway, Cambridge, MA 02139 with the required payment and documentation.

**Renew in person starting January 2:** Walk in or by appointment at 344 Broadway. Make an appointment at [cambridgema.gov/parking-permits](https://cambridgema.gov/parking-permits) or 617-349-4700. **Hours of operation:** Monday: 8:30 a.m. to 8 p.m.; Tuesday to Thursday: 8:30 a.m. to 5 p.m.; Friday: 8:30 a.m. to noon.

## Renewal Requirements

**Proof of Residency:** Proof of Cambridge residency is required for the first three years you live at an address. All proof of residency must include a date (month/day/year) in the last 30 days. You must provide either:

- One gas, electric, water, cable, or internet utility bill that lists a Cambridge service address and Cambridge mailing address.
- Two pieces of mail or statements that list your Cambridge mailing address.

**Vehicle Registration (*Only If Applying for Resident Parking Permit*):** If you apply for a Resident Parking Permit, provide a copy of your current vehicle registration. Your vehicle must be registered in Massachusetts, show your residential address in Cambridge, and have a garage code in Cambridge.

### Permit Fees:

- \$25 per Resident Parking Permit. A Resident Parking Permit includes a maximum of one Visitor Parking Permit per household.
- \$25 per Visitor Parking Permit for households without a vehicle.
- \$0 for residents who are 65 or older and residents who have a disability plate or placard.

**Parking Ticket Payments:** We will not issue you a permit if you have unpaid parking tickets in your name. Visit [cambridgema.gov/parkingtickets](https://cambridgema.gov/parkingtickets) to learn how to pay.

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**Accessibility:** The City of Cambridge does not discriminate, including on the basis of disability. We may provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to people with disabilities. For more information, contact [tpt@cambridgema.gov](mailto:tpt@cambridgema.gov), 617-349-4700 (voice), or via relay at 711.

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# 2026 Resident Parking Permit Application

Mail or drop-off your completed application form, copy of vehicle registration, payment, and proof of residency (if required) to: The Department of Transportation, 344 Broadway, Cambridge, MA 02139. 24 hour drop box located outside of the office.

- > You can also renew your permit online at [cambridgema.gov/rpp](http://cambridgema.gov/rpp) or in-person at 344 Broadway.
- > We will not issue you a permit if you have unpaid parking tickets in your name.

## 1. Applicant Information

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Unit: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2. Permit Type

- ☐ Resident Parking Permit *(Fill out Sections 3 and 4.)*
- ☐ Visitor Parking Permit *(Only fill out Section 4.)*

## 3. Vehical Registration Information

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Commerical Plate: ☐ Yes ☐ No

Vehical Make: \_\_\_\_\_ Year: \_\_\_\_\_

## 4. Application Checklist

- ☐ Completed application form.
- ☐ Proof of residency. (Proof of residency is required unless you applied for the last three years with the same information. Must be dated within last 30 days and include your name and address. Provide one utility bill OR two pieces of mail/statements. More info: [www.cambridgema.gov/rpp](http://www.cambridgema.gov/rpp)).
- ☐ Copy of vehicle registration (for Resident Parking Permits only).
- ☐ Check or money order for \$25, payable to "City of Cambridge." (We accept electronic payments online and in-person. Permits are free for people who are 65 or older, or who have a HP plate or placard).

## For Staff Only

Received by: \_\_\_\_\_

☐ Verified Proof of Residency

Payment Amount: \_\_\_\_\_

Payment Type: ☐ Cash ☐ Check# \_\_\_\_\_