

# Cambridge Community Garden Program

## Garden Plot Application

Instructions: Please complete this form and return to the address or email below.

Cambridge Community Garden Program  
c/o Jennifer Letourneau  
147 Hampshire Street  
Cambridge, Massachusetts 02139  
[communitygardens@cambridgema.gov](mailto:communitygardens@cambridgema.gov)

Required Information:

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

Full Address including Zip Code (MUST BE A CURRENT CAMBRIDGE RESIDENT):  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Community Gardens of Interest (top 3 choices):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Check all that apply:

- ☐ I 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 in 2025.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_