

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

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: _____