



CITY OF CAMBRIDGE
Traffic, Parking & Transportation Department
344 Broadway
Cambridge, MA 02139-1701
617-349-4700
www.cambridgema.gov/traffic

RESIDENT PARKING PERMIT APPLICATION

PLEASE TYPE OUT YOUR INFORMATION OR PRINT CLEARLY

Today's Date: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Street Address: _____

Apt./Floor: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Registration Information

License Plate Number: _____

Make: _____

Year: _____

Please remember to include proof of residency documentation, and a check or money order made payable to the "City of Cambridge."

Once again, the City is offering the opportunity for residents to make a voluntary contribution. The funds raised will be allocated to the City's climate change initiatives. To make a voluntary contribution, enter an amount below and include with your permit payment.

Voluntary Contribution: If yes, amount \$ _____