CITY OF CAMBRIDGE
Traffic, Parking and Transportation

344 Broadway
Cambridge, Massachusetts 02139
www.cambridgema.gov/traffic

Susan E. Clippinger, Director
Brad Gerratt, Deputy Director

Phone: (617) 349-4700
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RESIDENT PARKING PERMIT APPLICATION

* indicates required fields

***Today's Date:** **08/27/2004**

***First Name:**

***Last Name:**

***Street Address:**

Apt./Floor:

***Zip Code:** 02142

***Day Phone Number:** **(e.g. (617) 555-0000)**

Evening Phone Number: **(e.g. (617) 555-0000)**

Registration Information

***Last Name:**

***First Name:**

Middle Initial:

***License Plate Number:**

***Year:** **(e.g. 2004)**

***Make:**

***Color:**

***Expiration Date:** **(e.g. 01/01/2004)**

☐ **Passenger**

☐ **Commercial**

DO NOT FAX. THIS FORM MUST BE MAILED OR DELIVERED TO OUR OFFICE WITH PROOF OF RESIDENCY DOCUMENTATION AND FEE.

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