



City of Boston Resident Parking Permit

- (1) Complete these two pages
- (2) Attach proof residency materials
- (3) Fax forms & documents to 866-615-3667

Required item:

- REQUIRED** A valid Massachusetts automobile registration showing your car registered in your name at your current Boston address.

One of the following "Proof of Residency" items (must not be older than 30 days):

- Gas, Electric or Telephone Bill
 Cable Television Bill
 Monthly Bank Statement (excluding mortgage)
 Credit Card Bill
 Water and Sewer Bill
 A signed lease, or Notarized rental agreement (students only)

Payment and permit delivery:

Ship to address:	_____

Parking Sticker Delivery Method:	<input type="checkbox"/> US Mail (free) <input type="checkbox"/> Overnight (\$25 additional fee) <input type="checkbox"/> with no signature required

Credit Card Type: Visa MasterCard AmEx Discover

Card No: _____

Exp Date: _____

Name: _____

Email Address: _____

I hereby authorize Boston Permits and its employees to act as my representative to obtain a City of Boston Resident Parking Permit.

Signature: _____

_____ Date

OLD PERMIT NO. _____

NEW PERMIT NO. _____

FOR OFFICE USE ONLY



**CITY OF BOSTON
TRANSPORTATION DEPARTMENT
OFFICE OF PARKING CLERK**

RESIDENT PARKING PERMIT APPLICATION AND AFFIDAVIT

DATE: ____/____/____

NAME: _____
 LAST **FIRST** **INITIAL**

ADDRESS: _____
 STREET NO. **STREET NAME** **APT NO.** **ZIP CODE**

HOME PHONE: _____ WORK PHONE: _____

LICENSE PLATE: _____ VEHICLE YEAR: ____ _ VEHICLE MAKE: _____

I, HEREBY SWEAR, UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE APPLICANT IS THE RESIDENT OF THE CITY OF BOSTON RESIDING AT THE ADDRESS ABOVE AND THAT THE ABOVE REFERENCED VEHICLE IS REGISTERED AND PRINCIPALLY GARAGED AT THE ABOVE ADDRESS.

SIGNATURE OF THE APPLICANT

DATE THIS _____ DAY OF _____ 20_____