

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 I HAVE NO OUTSTANDING TICKETS IN THE CITY OF BOSTON, 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____