



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

RESIDENT PARKING PERMIT APPLICATION AND AFFIDAVIT

DATE: _____

NAME: _____
 FIRST LAST

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

PHONE NUMBER: _____ EMAIL: _____

LICENSE PLATE: _____ VEHICLE YEAR: _____ VEHICLE MAKE: _____

BY SUBMITTING THIS APPLICATION, I HEREBY SWEAR, THAT:

1. I HAVE NO OVERDUE PARKING TICKETS IN THE CITY OF BOSTON.
2. I AM A RESIDENT OF THE CITY OF BOSTON, RESIDING AT THE ADDRESS PROVIDED.
3. THE ABOVE-REFERENCED VEHICLE IS REGISTERED UNDER MY NAME AND PRINCIPALLY GARAGED AT THE PROVIDED BOSTON ADDRESS. I UNDERSTAND AND AGREE THAT THE CITY MAY DENY OR REVOKE MY PARKING PERMIT STATUS IF I FAIL TO COMPLY WITH THE CITY'S PARKING REGULATIONS AND/OR NO LONGER MEET THE RESIDENT PARKING PROGRAM'S QUALIFYING CRITERIA, WHICH IS SUBJECT TO VERIFICATION BY THE CITY OF BOSTON, UPON WHICH THIS APPLICATION WAS SUBMITTED. FURTHER, FOLLOWING THIS APPLICATION'S SUBMISSION, I AGREE TO PROVIDE INFORMATION REGARDING ANY CHANGE IN VEHICLE OWNERSHIP/REGISTRATION OR RESIDENCY WITHIN 30 DAYS OF SUCH CHANGE TO THE OFFICE OF THE PARKING CLERK (RPP@BOSTON.GOV). I, THE UNDERSIGNED, HEREBY AGREE TO THE ABOVE CONDITIONS AND VERIFICATIONS.

SIGNATURE OF THE APPLICANT

DATE THIS _____ DAY OF _____ 20_____