VM

CITY OF SOMERVILLE, MASSACHUSETTS

DEPARTMENT OF PARKING

133 Holland St, Somerville, MA 02144

Tel: 311 or from outside Somerville (617) 666-3311

www.parksomerville.com

Medical Care Parking

Permit APPLICATION

Applicant Information:

Today's Date _____

Name of Resident: _____

Address _____

Phone #_____

Email _____

Name of Applicant _____

Vehicle Make _____Year _____

Plate _____State _____

Applicant Phone _____Email _____

Requested Permit Dates:

Effective Date_____

Expiration Date_____

☐I will pick up Permit

☐Please mail permit to Resident's Address

Cost: $40.00 per year

Hours: Unlimited, unless otherwise posted

Location: On street or adjacent street to location of the address listed on the permit (resident's address)

Application Checklist:

- ◊ Application Form
- ◊ Letter on letterhead from resident's doctor stating the applicant is in need of medical assistance.
- ◊ Permit may be plate specific or various plates. If plate specific, copy of vehicle registration required.
- ◊ Check, money order, cash, MC, Visa or Discover
- ◊ Cost: $40.00

All outstanding parking tickets must be paid in full prior to issuance.

Tickets may be paid online or by calling 844-807-9069.

Permits requested at the window will be processed immediately.

Permits requested by mail will be mailed back within 15 business days after receipt of paperwork and payment.

*Permits are for the explicit use of **home visits only**.*

Permits are non-refundable.

Permits may not be transferred.