



RESIDENTIAL PARKING PERMIT APPLICATION

Please Print Clearly

General Info Needed:

Today's Date: _____

First Name: _____

Last Name: _____

Street Address: _____

Apt./Floor: _____

Zip Code: _____

Phone: _____

Cell: _____

E-Mail: _____

Car Registration Info

First Name: _____

Last Name: _____

License Plate: _____

Expiration: _____

Year: _____

Make: _____

Model: _____

Color: _____

Passenger Vehicle

Commercial Vehicle

Required Documentation *(must be attached to application)*

ID/Driver's License

Proof of Residency

Car Registration

Car is principle garaged in Lowell

Copy of Lease Agreement if Car is leased

Parking Office Validation Only:

- ID/Driver's License - copy received
- Proof of Residency - copy received
- Car is principle garaged in Lowell

Date: _____

Processed by: _____

Permit Number: _____

Submit Application in person to:

City of Lowell Parking Department

75 John St, Lowell, MA 01852

Hours: Mon. – Fri. 8:00am to 5:00pm

