



CITY OF WORCESTER
OFFICE OF THE PARKING ADMINISTRATION
 Room 203, City Hall
 Worcester, Massachusetts 01608

Residential Parking Permit Application

Please PRINT

Last Name: _____ First Name: _____ M I: _____

Phone Number: _____ Cell Phone: _____

Street Address _____ Apartment: _____

City, State, Zip Code _____

MAIL ADDRESS if different from resident address above: Check here if you want the permit(s) mailed to this address.

Street Address: _____

Apartment: _____

City, State, Zip Code _____

Please PRINT and fill in Registration information below for each Vehicle Sticker Permit you are purchasing.

Registered Owners Name	Plate #	Vehicle Make	Amount
			\$
			\$
			\$
			\$
			\$

Visitor Pass (one per household)

Yes I want a Visitor Pass

No I do not want a Visitor Pass

Total Vehicle Permits	\$10.00 each	\$
Total Visitor Pass	\$5.00	\$
Total Amount Due		\$

Return the completed application, proof of residency, copy of vehicle registration and required fees to the above address, **by June 15th.**

I certify that all the above information is correct.

Signature: _____ Date: _____