



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.