



CITY OF NEWBURYPORT

Office of the Parking Clerk
60 Pleasant Street
Newburyport, MA 01950
978-465-4408

RESIDENTIAL PARKING LOT PERMIT APPLICATION

(Please Print All Information)

LAST NAME _____ FIRST NAME _____ M.I. _____

RESIDENCE ADDRESS _____ APT# _____

DATE OF BIRTH _____ PHONE: _____ DRIVER'S LICENSE _____

#1VEHICLE PLATE: _____ MAKE: _____ COLOR: _____ YEAR: _____

#2VEHICLE PLATE: _____ MAKE: _____ COLOR: _____ YEAR: _____

#3VEHICLE PLATE: _____ MAKE: _____ COLOR: _____ YEAR: _____

STEP 1 To apply for a resident parking permit you must **INCLUDE** the following:

1. A **COMPLETED, SIGNED** application
2. A **COPY** of the current vehicle registration with your Newburyport address
3. A **COPY** of **ONE (1)** of the following as proof of residence:
 - Utility Bill (gas, electric, phone, cable, water/sewer) **OR**
 - Current Lease Agreement **OR**
 - Driver's License with Newburyport residence address
4. A check payable to the "**CITY OF NEWBURYPORT**"
 - Resident Permit Fee - **\$5.00 per vehicle**
 - Senior (age 65 or older) Permit Fee - **FREE**
5. Self-addressed, stamped **ENVELOPE**

STEP 2 MAIL TO: City of Newburyport, Parking Clerk, 60 Pleasant St., P.O. Box 550, Newburyport, MA 01950

for additional information:

www.cityofnewburyport.com/parking

I HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT I HAVE NO OUTSTANDING TICKETS IN THE CITY OF NEWBURYPORT, THAT THE ABOVE INFORMATION IS CORRECT, THAT I AM THE RESIDENT OF THE ADDRESS ABOVE AND THAT THE ABOVE REFERENCED VEHICLE IS REGISTERED AND PRINCIPALLY GARAGED AT THE ABOVE ADDRESS.

x _____ Date: _____ / _____ / _____
SIGNATURE OF APPLICANT Month Day Year

THIS SECTION FOR OFFICE USE ONLY

COPY OF VEHICLE REGISTRATION _____ PAYMENT _____

UTILITY BILL _____ LEASE _____ DRIVER'S LICENSE _____ OTHER _____

PERMIT #ISSUED _____ DATE _____ CLERK _____