



CITY OF FRAMINGHAM
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

APPLICATION FOR WAVERLY STREET LOT
MONTHLY COMMUTER PARKING PERMIT
480 Waverly Street, Framingham, MA 01702

I. APPLICANT INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

II. VEHICLE INFORMATION

Please list below ALL vehicles that may be parked in the lot. Only **ONE** of the vehicles may be parked in the lot at a time. The Permit **MUST** be displayed on the driver's side dashboard upon entrance to the Waverly Street lot. Failure to display your permit will result in parking violations.

Vehicle #1	Vehicle #2	Vehicle #3
Make (Manufacturer) _____	Make (Manufacturer) _____	Make (Manufacturer) _____
Model _____	Model _____	Model _____
Color _____	Color _____	Color _____
License Plate # _____	License Plate # _____	License Plate # _____

III. PAYMENT INFORMATION

Parking Rate:

- \$90.00/month

Form of payment with application:

- Cash
- Check, made payable to City of Framingham and note in the Memo line "Waverly Street Lot".

MAIL TO:

City of Framingham
Attn: Facilities Management
150 Concord Street, Room 133
Framingham, MA 01702

MONTH(S) BEING PAID FOR: _____ AMOUNT ENCLOSED: \$ _____

DEPARTMENT USE

Assigned Parking Space Number: _____