



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".

Application and payment can be mailed to:
 Capital Projects & Facilities Management Department
 Room 133, Memorial Building
 150 Concord Street
 Framingham, MA 01702

Or dropped off at our physical location at:
 10 Nicholas Rd
 Framingham, MA 01701

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

DEPARTMENT USE

Assigned Parking Space Number: _____