



RESERVED DWELLING PARKING SIGN APPLICATION

Please Print Clearly

New Sign

Annual Renewal

General Info Needed:

Today's Date: _____

First Name: _____ Last Name: _____

Street Address: _____

Apt./Floor: _____ Zip Code: _____

Phone: _____ Cell: _____

E-Mail: _____

Property Owner Info (if different)

First Name: _____ Last Name: _____

Phone: _____ Cell: _____

Property Info

Single Family Home

Multi Family Home

Required Documentation *(must be attached to application)*

ID/Driver's License

Proof of Residency *(New Signs only)*

*Submit Application in person to:
(Include payment of \$10)*

City of Lowell Parking Department
75 John St, Lowell, MA 01852
Hours: Mon. – Fri. 8:00am to 5:00pm

OFFICE USE ONLY

Paid by: Cash Check Renewal Month: _____ SignID: _____