



## TEMPORARY VISITOR PASS APPLICATION

*Please Print Clearly*

### **General Info Needed:**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt./Floor: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **How long will you need your Temporary Visitor Pass for and why?**

1 Week                      2 Weeks                      3 Weeks                      4 Weeks

State Purpose: \_\_\_\_\_

### **Car Registration Info**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

License Plate: \_\_\_\_\_ Expiration: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

Passenger Vehicle

Commercial Vehicle

### **Required Documentation** *(must be attached to application)*

- ID/Driver's License
- Proof of Residency
- Car is principle garaged in Lowell
- Car Registration

*Submit Application in person to:*

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

#### **Parking Office Validation Only:**

- ID/Driver's License - copy received
- Proof of Residency - copy received
- Car is principle garaged in Lowell

Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Permit Number: \_\_\_\_\_

